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ARTICLE XXII.

ON THE ORIGIN OF CHOLERA IN HINDOSTAN,  
AND ITS CONVEYANCE TO EUROPE.

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It is well known that the great epidemic of 1817 commenced in the Delta of the Ganges, formed by the confluence of that huge river with the equally large Burrampooter. These immense rivers divide into innumerable branches, and empty into the Bay of Bengal, by almost as many mouths.

This land, called the Sunderbunds, lies so low that for hundreds of miles the whole country is almost a continuous swamp, intersected by numerous lagoons, from which fetid exhalations, caused by the rapid decomposition of animal and vegetable matters, rise and hang over the land like a dense fog. The sun seen through this noxious vapor loses none of its power, although it looks, even at midday, as if obscured by ground glass. The hot, damp, fetid air seems to clog and impede the free action of the lungs, and one feels instinctively that its impurities are pregnant with disease. The damp atmosphere of a hothouse, which has been shut a long time, is less oppressive and far more healthy than the normal atmosphere of the Sunderbunds. In addition, the huts of the natives are built on high artificial mounds, and cattle are frequently obliged to be housed under

the same roof with the family; often in the same room. It is only rarely that the mounds are large enough for the cattle to be left outside.

Still more unfortunately, throughout the whole of the year 1816, low fevers predominated throughout this entire district, because there had been no cold and dry season as usual, and naught but mists, fogs, rains, and sultry winds prevailed. The mortality in 1816 surpassed anything on record in the annals of Bengal. The English military stations wore a gloom hardly to be imagined. In many native villages the whole population was ill, and the shops were shut for want of people to attend them. The banks of the rivers were at all times covered with the dead and dying; many bodies were left unburied in the towns; and throughout Upper Bengal (near Patna?) the horned cattle were so sickly that their carcasses could be seen strewn in vast numbers in the pastures.

Common cholera-morbus, which has always prevailed more or less epidemically in the lower provinces of Bengal during the hot seasons, commenced much earlier during the first six months of 1817, and was more prevalent than in former years. In addition, one of those great religious revivals which take place among the Hindoos every twelfth year, fell upon the year 1817.

It is now well known that all junctions of streams, all places where great rivers empty into the sea, or where the waters of two seas mingle, are held in great veneration by the Hindoos, who make huge pilgrimages to them at least once a year. The principal holy places in the Delta of the Ganges are Songar Island, at the mouth of the Hooghly, just below Calcutta; the islands at the mouths of the Brahmapootra, where it divides into the so-called Megna and Hattia rivers; the junction of the Ganges and Brahmapootra rivers, at or near the great city of Dacca; Kishnagar, at the junction of the Ganges and Jellinghy rivers, and only 70 miles north of Calcutta. Further up the river the remarkable mountain Junghera rises like an island from the majestic Ganges, and was formerly considered the holiest spot along the whole course of the river, so that thousands of boats and larger vessels were constantly to be seen

there, as many Hindoos thought they could not die in peace without visiting it. Still further north, at the great city of Patna, a fair is held annually, which attracts a vast concourse of people to its festivities. A short distance south of Patna is Gaya, the supposed birthplace of Buddha, the scene of Vishnu's incarnations, and visited annually by vast numbers of pilgrims.

Whenever cholera is brought to, or originates at, these places, its intensity is very much increased by the filth of the innumerable pilgrims who then congregate together. Thus the extreme point of Songar Island, at the mouth of the Hooghly, is believed by some Hindoos to mark the junction of the Ganges with the sea, and they accordingly esteem it one of the holiest spots in Bengal, and flock thither every spring in vast numbers, for the purpose of bathing and offering sacrifices. There is much reason for the belief, that this island was one of the first great centres of cholera in 1817, and that the disease was carried up the Hooghly both to Calcutta and Jeypore, although both of these cities are always filthy enough to generate cholera within their own limits. At least, it is now well known that the disease was in Calcutta in the first week in August, and did not reach Jeypore, 100 miles to the north-east, till the 28th of the same month. But it was in Kishnagur, 70 miles north of Calcutta, in May and June, and may have been carried from there down to Calcutta, and over to Jeypore, which is only 50 miles east. Again, it was in the city of Patna, 350 miles up the Ganges, as early as the 11th of July, and may have originated there, or have been brought to it from Gaya or Jenghira.

We have also to mention that large numbers of the Hindoos do not regard the Hooghly River as the true Ganges, but place the mouth of this river much farther east, towards the province of Arracan and the kingdom of Birmah, and perform their pilgrimages to the islands at the mouths of the united Ganges and Brahmapootra rivers, near the great rivers Megna and Hattia. From there cholera was carried up the river to the province and city of Dacca, early in July; first appearing at Sunergong, a town on the banks of the great river Megna; thence proceeding north, visiting the ghauts, public ferries, and grain markets in

its way. From Dacca, it was carried north-east to Sylhet, by the 17th of August, and reached Rungpore, high up the Brahmapootra river, towards Thibet and the western part of China, by the 15th of October.

From the united mouths of the Ganges, Burrampooter, and Megna rivers, it was also carried far around the eastern Bay of Bengal to the city of Chitagong, by the 23d of August, and from thence down to Arracan, to Rangoon in the Burman Empire, and to Bankok in Siam.

Hence we can readily agree with James Johnson, that "there are facts more than sufficient to show the fallacy of every theory which attempts to derive the disease from any one local source, or to trace it to any one particular spot as the centre from which alone it was emitted to the surrounding country." The facts prove, without the possibility of dispute, that it broke out at very remote places at nearly one and the same time, or at great distances at such intervals of time as to establish the impossibility of the pestilential virus having originated at any one place exclusively. James Johnson says, "It is clear to demonstration, that it did not originate in Jeypore alone, on August 28th. On the contrary, there is as good, and indeed better, reason to suppose that it was carried to Jeypore, which was merely the first place that was distinctly heard from. Thus there is little doubt that it visited some spots of the town of Calcutta and suburbs as early as the beginning of August; that it daily gained ground, and before the end of the month had widely spread its ravages."

The great religious festivals in Hindostan take place, some in February and March, others in April of every year. It is enough to say that epidemic cholera evidently broke out in May or June, 1817, soon after these festivals and after seasons remarkable for irregularity, and a preceding year distinguished for epidemic sickness and mortality. Near a sacred and filthy river it was born, and at the most sacred and filthy spots on this river, in the Delta of the Ganges. For rivers and filth it has ever subsequently testified a strong regard, especially for the large and dirty towns on such rivers, and for the centres of commerce, business fairs, and religious festivals.



From Patna the disease passed up the Ganges to the holy city of Benares, and from there to Allahabad, the city of God. The latter city is almost wholly given up to idolatry, and has ever been celebrated for the pilgrimages of pious Hindoos, attracted to a spot blessed by the junction of two sacred rivers, the Ganges and Jumna. It is esteemed holy by all castes, who annually repair in crowds to bathe themselves in the united streams. In former and more barbarous times, the junction of the Ganges and Jumna was the scene of fearful human sacrifices every year.

We have seen that cholera has always followed the routes to and from sacred rivers and places; but these are so numerous in Lower Bengal, that its course seemed for a long time both confused and erratic. At Allahabad, which it either reached in March, 1817, or broke out spontaneously, just after the great festival, which always takes place in February, even that staunch anti-contagionist, Dr. James Johnson, of the *Medico-Chirurgical Review*, is obliged to admit that "the epidemic began clearly to show one of its most striking peculiarities, which subsequently characterized its march. It no longer seemed to push its influence without distinction or apparent choice in all directions, and throughout every tract coming in its way; but began to affect particular lines, and to fix itself in particular divisions of the country; wholly restricting itself for the time to the course of those lines and divisions."

From Allahabad the disease passed north, along three great lines: first, along the river Jumna, up to the great cities of Delhi and Agra; second, along the Ganges, up towards its source; third, along the great trunk road, between the two rivers, through the towns of Coel and Meerut, directly towards HURDWAR. It is very interesting to notice that another stream of cholera was in all probability coming down from the great festival at Hurdwar, as the Bengal report says: "It is very curious that Muttra, situated considerably higher up the river Jumna than Delhi and Agra, should have had the disease in the beginning of June, whilst the latter place was not visited till the 1st of July. As the Punjaub, or extreme north-western

province of Hindoostan, did not fall into the possession of the British till many years later, the progress of this epidemic could not be traced farther to the north. All the subsequent pestilences have been.

There is a great nursery of cholera at Hurdwar, at the source of the Ganges, near the foot of the Himalaya Mountains. From thence the disease is often carried down that river to Allahabad and other places. But it is also always carried north, through the great town of Lahore, up to Attock, where the Cabul River joins the Indus, and from there to Peshawur, the north-western border town of Hindostan. All the trade of Russia, Persia, Independent Tartary, Cabul, and Afghanistan, with Hindostan, comes to Peshawur and Attock; for these places are situated at the only break or pass in the Himalaya Mountains, for the space of over 1000 miles. 8000 men, 10,000 oxen of transport, and 30,000 camels are employed in this traffic. From Peshawur the road leads to the city of Cabul; there it divides in two: one leading due west to Herat, from there to Meshed, and thence to Teheran, where it meets the great route which comes up the Persian Gulf to Bushire, Shiraz, and Ispahan to Teheran, and thence on to Trebisonde, Odessa, and Astrakan.

The other passes north-west from Cabul to Balk, and from thence to Bokhara and Khiva. From the latter place, one stream of trade and travel crosses to the Caspian Sea to Astracan; the other passes up between the Aral and Caspian Seas to Orenburg, on the Ural River, the great border town of Russia.

To return to Allahabad. We find that the great province of the BUNDELCUNDS lies due south of this city; and the great war against the Mahrattas was being conducted by the Marquis of Hastings with 90,000 men, in the year 1817. 10,000 natives had already died in the city of Allahabad, when on the 6th, 7th, or 8th of November it made its appearance in the army. "After creeping about in its wonted insidious manner for several days, among the lower classes of camp-followers, it, as it were in an instant, gained fresh vigor, and, at once, burst forth with irresistible violence in every direction. The natives, thinking their only safety lay in flight from the army, now began to desert in

great numbers; and the highways and fields, for many miles around, were strewed with the bodies of those who had left the camp with the disease upon them, and speedily sunk under its exhausting effects. The line of march of the army presented a most deplorable spectacle. Although most, even of the ammunition carts, were used as ambulances, the sick were soon too numerous to be moved, and the greater part were left behind to die unattended. Many who left the carts, pressed by the sudden calls of the disease, were unable to rise again, and were abandoned. Hundreds dropped down during every subsequent day's advance, and covered the roads with the dead and dying. The places of encampment and the lines of march presented the appearance of a field of battle and the track of an army retreating under every circumstance of defeat and discomfiture. In less than two weeks, nearly 9000 men succumbed to the pestilence."

While this dreadful havoc was going on, a subsidiary force was sent up from Bombay, through the towns of Poonah, Seroor, Jaulnah, Ahmednuggur, and Amungabad, to the great city of Nagpore, lying due south of Allahabad and the Bundelcunds. The disease reached Nagpore from the Marquis of Hastings' army, through the cities of Huttah and Jubbelpore, pursuing a due southerly course; and the subsidiary force coming north under Colonel Adams, afforded the first striking instance of a large body of men coming into the pestilential medium, and from the previous enjoyment of perfect health, falling, at once, into a wretched state of sickness. When nine miles south of Nagpore, it had hardly learnt that the epidemic was raging in the city and vicinity, when it began itself to experience its unwelcome visits. 70 cases and 20 deaths occurred on the first day. Many were attacked while loitering for water at the neighboring contaminated rivulets, and some were brought in expiring, others dead.

From NAGPORE, it passed down to Jaulnah, the next town in order towards Bombay, in the south-west. The course of the disease had long been so regular along the line of much-traveled roads and the marches of troops, that the Bombay author-

ities concluded, "when it showed itself at Jaulnah, it was pretty clear that it would reach Bombay," although many hundred miles off. It was well known that it had "reached Jubbelpore, north of Nagpore, by the 9th of April. It arrived in Nagpore in May; was carried down to Jaulnah in June, by a detachment of troops that was marching from Nagpore to Jaulnah and Aurungabad; then passing over a space of 220 miles, visiting Aurungabad and Ahmednuggar in its course, it reached Seroor, 150 miles farther to the south-west, on the 18th or 19th of July. It appeared at Poonah towards the latter end of the same month. On the 6th of August, it broke out with great violence at Pantrell, a considerable village on the main line of communication between Poonah and Bombay, and distant about 20 miles; and on the 9th or 10th of the same month, the first case in Bombay occurred in a man who had arrived from Pantrell the same day. The disease could be traced as if creeping along from town to town, village to village, and from place to place, by the arrival of people affected with the disease from places where the disease was known to prevail."

Cholera prevailed severely in 1818 and 1819 in Bombay, and then moderately for several years, but in 1821 it broke out again in its most mortal and malignant form. 800 British troops, under Captain Thompson, were sent to the Island of Kishme, at the entrance of the Persian Gulf, and from there sent in the rear of Muscat, to coöperate with the Iman of that place; but they were massacred by the Bedouins, so that only 150 escaped back to the city. 3000 more troops were sent from Bombay, under Sir Lionel Smith, and cholera was introduced by them to Muscat and carried up the Persian Gulf to Bushire and Bassorah, the only ports of any importance on that sheet of water.

Bushire is not only the principal, but the only port of Central Persia, and the communication with Shiraz is incessant. Many writers say that it was transported by travelers from the former to the latter place; and 6000 persons died of it in 18 days. From Shiraz it was carried to Yedz and Teheran, and from there to Resht, at the foot of the Caspian Sea, and from there to Astrachan.

Teheran has always been a great centre for the distribution of the disease. It was carried both from Teheran and Ispahan to Kasbin, in July, 1822, to Tauris in September, and extended immediately to Erzeroun, and from there to Trebisond, on the Black Sea.

Bassorah is, also, the principal and only port at the head of the Persian Gulf. Cholera appeared there with extraordinary violence in 1821, as from 15,000 to 18,000 persons died in 18 days. From this city, it was carried by boats and caravans up the river Tigris to the great city of Bagdad, which became infected, together with the surrounding country. A Persian army at this time menaced Bagdad, and defeated the Turkish force which was collected for its defence. A few days after the victory, the Prince Royal of Persia saw his army devastated by the epidemic, and recoiled before this new enemy; but carried the disease into the centre of Persia from this new direction. He lost 2000 soldiers in one march, and when the army reached Kasbin and Tauris, from 30 to 40 were dying each day.

Thus cholera was introduced into Tauris both from Teheran, Ispahan, and Bagdad, and one-half of the whole population, or 4800 persons, died in 25 days.

From Tauris, the disease was carried up between the Black and Caspian Seas to Tiflis, and again to Astrakhan, where it had already arrived from Teheran and Resht.

From Bassorah, the epidemic also extended up to Aleppo and Damascus, near the Mediterranean coast.

Every successive epidemic of cholera has always been carried from Bombay up the Persian Gulf, and thus reaches the Mediterranean, Black, and Caspian Seas.

Trebisond is the only port at the south-eastern end of the Black Sea, as the whole eastern shore is shut in by high mountains. The trade and travel of Persia to the Black Sea must go there, and cholera always follows in their train. From Trebisond the disease has frequently been carried both to Odessa and Constantinople. This was the case in 1830, and notably so in 1847, when the first case in Constantinople occurred in a passenger from a ship just arrived from Trebisond, where chol-

era and cholera prevailed. In 1854 and 1865, the disease reached Constantinople first, and was carried from thence to Trebisond.

From Odessa, the disease has repeatedly been carried west to Vienna, and thus distributed to South Germany.

It is well known how often cholera has been carried up the River Volga to Moscow, and from thence distributed to Riga, the principal Russian port on the Baltic, and to St. Petersburg. It is also well known how often the little Moravian town of Sarepta has escaped the disease, in consequence of strict quarantine and great cleanliness. Five epidemics of cholera have passed by it, and none has ever entered its streets, although it is situated in the most dangerous place imaginable, *viz.*, near the great elbow which the River Volga makes towards the west and approaches very near the River Don, which makes an equally large curve towards the east, so that the two great rivers touch each other very nearly. The trade and travel between the Don and Volga are very great at this spot, and the disease is always carried over from the Volga to the Don at this place, yet Sarepta always escapes. In 1830, over 40,000 Don Cossacks died in the small corner embraced by the lower ends of these two rivers, yet Sarepta saved herself.

In 1831, a great Polish insurrection took place, and many battles were fought in the neighborhood of Warsaw. Don Cossacks carried the disease through Kier to Warsaw; another stream of cholera came up from Odessa; and a third was conveyed from Moscow, through Smolensk to the rear of Warsaw, and carried down the River Vistula to Danzig, on the Baltic. While many precautions were being taken at Danzig to prevent infection from Riga, the disease slipped in at the back door. From Warsaw, the epidemic spread west through Posen to Berlin, and from thence to Hamburg, and from there to London.

While Vienna was surrounded by a triple cordon of troops, to prevent cholera reaching it from Warsaw and Cracow in the north, it slipped in from Odessa in the east.

To return to India, we find that Bombay not only forwards cholera up the Persian Gulf, but also up the Red Sea, and



notably to Jedda and Mecca. Jedda is the port of Mecca, and all the pilgrims who come by water land there; its streets are crowded with Turks, Egyptians, Arabs, Persians, Affghans, Algerines, people from Tunis and Tripoli, Hindoos, Nubians, Abyssinians, and Negroes of every shade. Crowds of poor Hindoos litter the streets like dogs; they have performed their pilgrimage to Mecca, but are destitute of means to return home. The English consul is often obliged to give 6000 free passages on merchant vessels which sail for Boinbay every autumn; yet hundreds and thousands of families live in the streets until they can obtain passages; although small brigs of only 200 tons have carried as many as 270 persons. In 1831, Jedda had 10,000 tons of shipping, and as much more in large boats, engaged in this pilgrim trade, and soon collected together a more motley assemblage of human beings than is found on any other spot on the globe; 20,000 came from Egypt alone; 120 boats were employed in carrying those from Turkey and the Barbary States, through Suez to Jedda; the pilgrims from Abyssinia, Nubia, and the interior of Africa crossed the Red Sea, from the ports of Cossier, Suakin, and Massuah; 4000 came from the Persian Gulf, principally from Muscat, Bushire, and Bassorah; 2000 came from Malay; 3000 from Mocha and Southern Arabia. Besides all these, six great caravans came: one from Cairo and Suez; another from Damascus, Syria, and Asia Minor; a third from Bassorah; a fourth from Bushire, across the Persian Gulf to Bahrein, and thence through Central Arabia; a fifth from Muscat; and the sixth from Yemen. The cholera of 1829 was rightly supposed by the Arabs of Jedda to have been brought up by the Hindoos from India; but it was not until the whole multitude had assembled at Mecca that it reached its utmost violence. Over 60,000 pilgrims died, and among them the Governors of Mecca and Jedda, the Pasha of the Persian caravan, and many people of distinction. The dead were thrown by hundreds into large pits, and the road from Mecca to Jedda was strewn with the dead and dying for weeks. The disease followed the pilgrims in their return passage up and down the Red Sea, and notably so to Yembo, Suez, and Cairo,

which were attacked successively, as the pilgrims arrived at them. Lieut. Wellstadt, who spent five years on the Red Sea in English government surveying ships, found the halting-places of the pilgrim boats covered with dead bodies and graves. This is the way the disease always reaches Suez and Cairo, and from thence is carried to Alexandria on the Mediterranean coast. Alexandria is now the great centre and distributing port for the conveyance of cholera to Europe. From there it is carried to Beyrout, in Syria; to Smyrna, in Asia Minor; to Constantinople, in Turkey; to Ancona, in Italy; to Marseilles, in France; to Southampton, in England; and to Tripoli, Tunis, Algiers, and Morocco on the northern coast of Africa, and the south side of the Mediterranean Sea.

We have seen how cholera is brought to Alexandria from Mecca, in the East; we will now show how it is distributed along the Mediterranean to the West. Almost all the English, French, Austrian, and Italian steamships which sail on the Mediterranean carry pilgrims to Alexandria from Morocco, Algiers, Tunis, Tripoli, Malta, Turkey, Southern Russia, Asia Minor, etc., etc., in time to partake in the festivities of the *Kurban Bairam* at Mecca. For this trade yields considerable profit at little cost. In 1863, as many as 10,000 pilgrims were conveyed in British ships alone, between Alexandria and one or the other ports of Northern and Western Africa. We will record the experience of one steamer stopping at Tangier, opposite to Gibraltar: "Crowds of the dusky tents of the Hadji, or pilgrims, were seen upon the beach. The next day, from dawn to sunset, large boat-loads were poured on board, with their bags of millet, cracked wheat, little cooking stoves, charcoal, and their water-bags, to the number of 2000 persons. The night came on boisterously; the skies poured down torrents of rain; the burdened vessel plunged among the waves, shipping many heavy seas, till all were drenched and soaked, and their provisions damaged. Above the howlings of the storm arose the piteous cries of the pilgrims, as the great seas broke over them.

"It is a point of religion for these pilgrims to carry no

change of raiment with them, and added to the filth of their wet and unchanged garments, there was soon added the ordure of 2000 men, women, and children kept closely packed together on deck for a fortnight, with nothing provided for their relief, but an extemporized stage of planks projecting from the vessel's side, upon which few landsmen could venture, even in moderately calm weather. The constant wash of the rain and sea alone carried away much of the filth, which, otherwise, would have been unbearable. Small-pox broke out, and several deaths occurred before arrival at Malta, but passengers and sailors combined to deceive the captain, from fear that he would report it and have his ship quarantined. The deaths are comparatively few on the voyage out, but on the return passage, when all are exhausted and worn out, as many as one-third have been known to die. Then their companions push them into the sea the moment they cease to breathe, if they can do so unobserved; or else cover over their bodies and sit upon them, like bags, until a convenient opportunity occurs.

"Every evening, when the weather permitted, prayers were said, and short passages from the Koran recited. First, the pilgrims stood unshod, bowing together, then dropping upon their knees, pressed their foreheads upon the deck in such lowly attitudes that it was difficult to resist the impression that every creature of them was not reverently humbling himself in the dust before his Creator. Finally, one evening, when the sun was set, every face was found intently turned in one direction, and the heavens were searched by keenly peering eyes; soon, a slight thread-like arc of faintest silvery light marked the appearance of the new moon, with the arrival of which the "*Kurban Bairam*," or *Feast of Sacrifices*, begins. Shouts, clapping of hands, and the gleaming brightness of every eye announced that all had seen the sight, which marks the anniversary of the time when Abraham attempted to offer up Isaac, or, as the Mohammedans believe, his first-born, Ishmael, their great progenitor; and when a ram was miraculously supplied and sacrificed in his stead. It is the commemoration of this event which draws such crowds to Mecca every year; and notably, every twelfth year.

For at Mecca is situated the well Zem Zem, which Hagar and Ishmael found when fainting with thirst in the wilderness, and thus saved the lives of the founders of the Arab and Mohammedan races. Abraham, it is also claimed, paid annual visits to Hagar at Mecca, on this anniversary, up to the time of her death, notwithstanding the reluctance and jealousy of Sarah.

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ARTICLE XXIII.

SODÆ SULPHIS AND HYPOSULPHIS IN  
THE TREATMENT OF VARIOLA AND VARIOLOID.

BY WILLIAM H. PRICE, M.D., Danby, Ill.

Since Prof. Polli's admirable treatise upon the use of the sulphites and hyposulphites in the treatment of zymotic diseases has been laid before the profession, I have been fully determined to test the value of these remedies in the treatment of small-pox, as soon as an opportunity should occur; and since that opportunity has already presented itself, in which my expectations of those remedies have been fully realized, I thought a brief description of the following cases might not prove uninteresting to the many readers of your valuable journal:

CASE I. Jan. 17, 1868, was called to see Patrick B., aged 25, by occupation a daily laborer, and who, as I was informed by the messenger, had been bleeding furiously all the previous night from the right nostril. On my arrival, and after having been introduced to my patient, I immediately recognized the case as being one of discrete variola, which was just entering the stage of suppuration, notwithstanding the patient had been vaccinated while a youth.

On questioning the patient closely, I soon learned that he had been exposed to small-pox in Chicago, and had already passed through the febrile and eruptive stages.

The symptoms of the case were as follows: The whole system was in a state of profuse perspiration; the eruption had ex-

tended itself pretty thoroughly over the whole body and extremities, some of these pustules on the chest and neck measuring nearly half an inch in diameter; pulse ranging from 80 to 100; bowels rather constipated; tongue coated; appetite poor; urine natural, though passed in unusual quantities. The epistaxis, which amounted to three or four quarts during the previous night, arrested itself towards morning by a plug of coagulated blood, which I ordered not to be disturbed until the following day, when it came away while the patient was being washed, without any further loss of blood.

The fearful epistaxis, together with the extensive eruption and suppuration, gave the patient a rather deplorable aspect.

I immediately prescribed a saturated solution of equal parts of sulphite and hyposulphite of soda, to be taken in teaspoonful doses every three hours until the bowels were freely opened, when the hyposulphite should be discontinued and the sulphite continued, *ad libitum*, until my next visit. In addition, I ordered a generous diet, with strict cleanliness and free ventilation.

*Jan. 18.* Found the patient very much improved, both physically and mentally. Rest good; head clear; no return of the epistaxis; urine not secreted in such large quantities; pulse 70; bowels open; appetite rather better; with some tendency to perspiration still remaining. I omitted the hyposulphite, but continued the sulphite in the usual large doses.

*Jan. 19.* Patient improving rapidly, with a decided improvement in all the symptoms. The stage of desiccation is now fully inaugurated. The appetite and sleep is now good, and the patient's spirits very much elated. Ordered the sulphite of soda to be continued in large doses. I informed the patient that I would again visit him in three days.

On the second day after my last visit, the patient despatched a messenger to inform me that my services were no longer required, for the reason that he (the patient) was able to be about the house, and was feeling quite well. He, however, continued to take the medicine for several days, after which he called at my office, stating that he was as well as ever, having made a perfect recovery without being marked in the slightest degree.

**CASE II.** Was called, Jan. 30, 1868, to see Mr. Charles P., aged 30, and a lawyer by profession, who was complaining of a severe pain in the head and spinal column, accompanied with slight chills and fever.

On questioning this patient closely concerning his previous history, I was informed that he had been during the years 1865 and 1866 very much exposed to the malarial regions of Kansas and Oregon, and had suffered at that time from a severe attack of ague, from which he thought he had never entirely recovered. On further inquiry, he stated that he had been exposed during the week to severe cold, and more especially during the night of the great fire in Chicago, which, taking into consideration the existing symptoms, was sufficient cause in my mind to give rise to a renewed attack of the old complaint. Having previously used the hyposulphites in cases presenting these symptoms, I accordingly ordered the hyposulphite of soda in 10 gr. doses, in solution, every four or six hours.

*Jan. 31.* Found the patient very much improved, having been relieved entirely of the chills and the pain in the back and head. At this visit, a very slight eruption was noticed upon the forehead, which the patient stated he had noticed on previous occasions after having been attacked by ague. The same treatment was continued.

*Feb. 3.* Found the eruption more fully developed upon the forehead and face, and just making its appearance upon the body and extremities, and presenting all the characteristics of the eruption of varioloid. The patient's bowels being now rather loose, the hyposulphite of soda was discontinued and the sulphite ordered, in large doses, every four hours, together with liberal diet and well-ventilated apartments.

*Feb. 4.* Found the eruption more fully developed upon the body and extremities, with a slight appearance of the stage of suppuration on the forehead and face. The symptoms present at this visit confirmed my diagnosis. All the functions seemed to be regular, and the patient was able to sit up and walk about his room. The sulphite was continued.

*Feb. 6.* Found the patient passing rapidly through the stage



of suppuration, and on some portions of the face verging upon the stage of desiccation, without any unfavorable symptoms whatever. The sulphite was continued in the usual large doses. From this time forward, the patient made a rapid recovery, and in a few days made his appearance, without a mark of the disease to be seen.

CASE III. Feb. 16, was called to see Mrs. B., aged 38, the mother of five children, was suffering somewhat from pain in the head and back, and nausea and vomiting, during the evening of the 14th. Feb. 15th. Severe pains in the head and back continued, together with high fever and quick pulse. Feb. 16th, the day on which I first saw the patient, I did not make a positive diagnosis, although there was a slight eruption to be seen on the forehead and arms. Pulse was very quick; bowels rather loose; tongue coated; urine natural in quality and quantity; pain in the back and head very severe. I immediately prescribed sodæ hyposulphis, in from 5 to 10 gr. doses, every three hours. On the evening of the 16th, the bowels were very loose; fever quite high; pulse 110; pains severe in the loins, back, and head. An anodyne was ordered, to relieve pain and to produce sleep, as well as check the bowels, which were now quite loose. The hyposulphite was continued.

Feb. 17. The previous night was passed without sleep, and without any amelioration of those severe symptoms already described. Pulse was 120. The hyposulphite was then ordered to be discontinued, and potass. bromide, in saturated solution, to be given in teaspoonful doses every three hours, until the pain should be somewhat relieved and sleep produced. During the evening of the 17th, the patient expressed herself very much better, those severe symptoms being, in a great measure, relieved. Ordered the potass. bromidi to be continued all night.

Feb. 18. Patient entirely relieved of pain, after having had a good night's rest. The stage of eruption was now fully inaugurated, and I then was positive that I had a case of semi-confluent small-pox to deal with, and informed the patient and friends accordingly. The potass. bromidi was discontinued,

and the sulphite of soda ordered to be given in 3 doses, every two or three hours. The body to be sponged with tepid or cold water; room to be well ventilated; together with generous diet and plenty of ripe fruits. I must now add that the menses made their appearance, which contributed largely to weaken the patient.

*Feb. 19.* The stage of eruption is fast progressing, being on the face and forehead of the confluent, and on the body of the discrete variety. Appetite is very fair, and patient rests well; pulse 80; bowels regular; very little perspiration. Ordered an infusion of prunus Virginiana to be given with the sulphite.

*Feb. 20.* Stage of eruption seems to be nearly completed. Patient passed a good night; bowels regular; tongue not coated; appetite very good; head a little confused; throat somewhat sore; feet and hands a little swollen; pulse 70. Patient complains to-day of excessive salivation, although she has taken no medicine which would produce such symptoms since the invasion of the disease. The same treatment was ordered to be continued.

*Feb. 21.* Patient seems to be as comfortable as yesterday, excepting the difficulty of deglutition, which is somewhat aggravated. Pulse 75; bowels regular; tinnitus aurium not quite so bad to-day; face considerably more swollen to-day than yesterday; appetite is very fair. Patient's face and forehead is now one solid mass of eruption. The stage of suppuration seems to be now setting in, accompanied with intense fever, and a burning sensation over the surface of the face and head. Menstruation still continues, although not accompanied with so large a flow of menstrual fluid as yesterday.

*Feb. 22.* Stage of suppuration is progressing slowly on some parts of the body, while the eruptive stage does not seem to be quite completed on other parts. The swelling on the face, forehead, hands, and feet seems now to be at its height. Pulse and bowels regular, appetite good, and rest at night better than heretofore. In addition to the sulphite and infusion of wild cherry, which has constituted the principal treatment since the invasion of the disease, a pill of from 3 to 5 grs. of assafoetida

is ordered to be taken *ter die*. The patient is allowed to be sponged with whatever fluid substance seems to afford her the most relief; sometimes with cold water, but oftener with sour milk. The menses have now ceased to flow.

*Feb. 23.* Patient is in good spirits. Stage of suppuration is now progressing rapidly, especially upon the body and limbs. The itching and burning sensation upon the face, forehead, and head, which has so much annoyed the patient, is now transferred to the body and limbs. The appetite is good, bowels regular, etc., etc. The same treatment is continued.

*Feb. 24.* Stage of suppuration is now being rapidly completed. The stage of desiccation is making a very slight appearance on the forehead. There is considerable hoarseness, caused by laryngeal and bronchial irritation. The appetite is very good. The patient has not, as yet, shown any symptoms of depression and exhaustion, either in mind or body, but, on the contrary, manifests considerable vitality. The mucous membranes are now very much involved: those of the nose, mouth, larynx, and trachea being the seat of an eruption. The tongue and palate have become covered with vesicles. The throat is quite sore, there being considerable hoarseness and some difficulty of deglutition.

*Feb. 25.* Patient presents symptoms of drowsiness; otherwise appears to be doing well. The urine was examined, and found to contain albumen in a moderate quantity. The swelling of the parotids, face, and eyelids is somewhat subsiding. The lingual, laryngeal, and bronchial irritation is not so great as it was yesterday and the day before. The stage of desiccation is showing itself more clearly upon the forehead and head. Pulse 80, bowels regular, and the urine is passed in the usual quantity.

*Feb. 26.* The patient is apparently doing well. The swelling of the face, eyes, and parotid glands is rapidly subsiding. All of the organic functions seem to be performed as well as they can under the circumstances. The appetite is quite good, and the bowels are open. The patient is allowed to partake freely of ripe fruits and well-cooked vegetables. The stage of

desiccation has not set in upon the body and limbs, but is pretty well established upon the face and head. The treatment is now equal parts of the sulphite and hyposulphite of soda, the latter being given in conjunction with the former for the double purpose of keeping the bowels in a soluble condition, and furnishing to the blood a powerful catalytic. The assafoetida pill is continued *ter die*, together with the infusion of the prunus Virginiana.

*Feb. 28.* Patient improving rapidly. The stage of desiccation is pretty well advanced upon the face and head, but just commencing upon the body and limbs. The patient has not, as yet, the slightest symptoms of delirium or convulsions. The appetite is very good; the bowels are very regular; the urine is passed freely and normally, although still containing slight traces of albumen. The hyposulphite is continued, but the sulphite discontinued, in order to insure regularity of the bowels.

*Feb. 29.* Found the patient doing remarkably well. All the functions are regular, and there is every appearance of a tolerable amount of strength and vitality in the system. The stage of desiccation is rapidly progressing. The same treatment is continued.

*March 1.* Found the patient doing well in every respect. The stage of desiccation is pretty well advanced; the crusts are falling off rapidly; the appetite and sleep are good. The urine was to-day examined, and found to contain no albumen. The patient appears to be convalescing without any unfavorable sequelæ whatever. The same treatment continued.

*March 6.* Patient has been doing well since last visit. The crusts have nearly all fallen off, except those upon the arms and lower extremities. All the functions seem to be quite regular; sleep and appetite very fair. The patient complains of weakness in the back and joints, and some general depression, in consequence of which the hyposulphite is discontinued, and tonics are ordered in its stead, together with generous diet.

*March 10.* Patient able to sit up most of the day in a chair. Appetite is very good. Patient complains of being very weak in the joints, especially of the lower extremities. The tonic treatment is continued.

*March 15.* Patient improving very rapidly. From this time forward, the patient continued to improve in strength under the tonic treatment, and in a few days was able to attend to her household duties with as much vigor and energy as ever.

CASE IV. Eugene B., aged 4 years, son of Mrs. B., was complaining March 1st, 1868, of sore throat, with intense pain in the back and head, together with high fever. The hypsulphite of soda was prescribed.

*March 2.* The pain and fever was somewhat relieved. The hypsulphite was continued.

*March 3.* Noticed a slight eruption upon the face and forehead, very much resembling the eruption of measles. The bowels were constipated and pulse very quick. Ordered laxatives and milk diet.

*March 4.* Found the eruption more fully developed, and all the symptoms of a genuine case of discrete variola. The hypsulphite of soda was continued in 5 gr. doses, every two or three hours, and a liberal diet of milk was ordered.

*March 5.* Found the stage of eruption nearly completed. Bowels were somewhat constipated; urine passed freely; appetite and sleep very fair.

*March 6.* The stage of suppuration is now making its appearance upon the body and limbs, as well as upon the head and face. There is one thing remarkable in this case, however, that is worthy of mention, *viz.*: During the first two days of this patient's illness, there was considerable difficulty of deglutition and respiration, as has been already stated, and for the relief of which a narrow strip of flannel, well saturated with kerosene oil, was placed around his throat. At my next visit, these symptoms were very much relieved. After the stage of eruption had been nearly completed, it was noticed by myself and attendants that there was no eruption anywhere to be seen upon the throat, on which the saturated flannel had been placed. Now, whether the application of the kerosene had anything to do with preventing the appearance of the eruption upon the throat and neck, or not, is a question I am unable to decide without further experience. The theory looks rather

plausible, however, for the reason that well-formed small-pox pustules are now to be seen scattered over the whole body, except around the patient's neck.

*March 8.* The stage of suppuration is rapidly being completed. All the symptoms at present seem to be very favorable. The hyposulphite of soda is continued.

*March 10.* Patient sleeps well, and has a good appetite. Stage of suppuration is nearly completed. Urine was examined and found to contain no albumen. The same treatment continued.

*March 14.* Patient doing well. The stage of desiccation is now rapidly advancing, without any unfavorable symptoms; has good appetite, and sleeps well; bowels rather constipated, in consequence of partaking too freely of boiled milk. Ordered laxatives. Hyposulphite is continued.

*March 25.* Our little patient has, without any unfavorable or distressing sequelæ, made a rapid and perfect recovery.

Case I, as has already been stated, was contracted in Chicago, and came home to be sick in a family of five in number, viz.: the father, mother, and three children. The patient had passed through the first and second stages of the disease, and nearly through the third, before these children, who had been daily exposed, were vaccinated; and yet they escaped from the dreadful malady. From this one case in this family, in a thrifty neighborhood, no other cases originated.

Case II was exposed in Chicago, and came home to expose a loving wife and three little children, who had never been vaccinated until within two days of the father's arrival; and yet these little ones, together with the mother and attendants, entirely escaped from the disease.

Case III, whose family of four children, together with herself, nurse, and husband, had been vaccinated fourteen days previous to the invasion of the disease, was contracted by washing the clothes of Case II. During this patient's illness, the family, cooked, ate, drank, and slept in the same room with the patient; and, strange to say, not one of them took the disease except the little boy, who represents Case IV. The re-



maintaining three children, together with the nurse and father were vaccinated at the same time the mother and boy were, and with the same virus. With these four cases, this small epidemic of variola in Danby and vicinity terminated.

Before closing this article, I will add that it is my humble opinion that the sulphites and hyposulphites, as a basis in the treatment of small-pox and zymotic diseases generally, if properly and judiciously used, are superior to any other remedies now known in the profession.

As Prof. Polli says: The sulphites and hyposulphites not only destroy the deteriorating power of the *materies morbi* upon the cerebro-spinal and organic nervous centres; not only decrease the amount of albumen and increase the amount of urea in the urine; but directly destroy the fermento-reproductive power of the poison in the blood, so that the system, if aided by proper nutriment and sustaining treatment, will ultimately eliminate the morbid material, and, in due time, speedily establish convalescence.

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ARTICLE XXIV.

PLACENTA PRÆVIA.

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By F. K. BAILEY, M.D., late of Joliet, Ill., now of Knoxville, Tenn.

During a practice extending over a period of 30 years, I have met with three cases of placenta prævia.

CASE I. June 2d, 1849 (Saturday), was called, towards night, to visit Mrs. D., living four miles from my residence; aged 20; first pregnancy; small in stature, and feeble in constitution. Found that she had slight uterine hemorrhage, and a little escape of liquor amnii, but not the least pain. She was "comfortable," pulse rather feeble, and complained of dizziness on sitting up. On examination per vaginam, found the os uteri undilated—could not reach so as to determine the presentation. There being no occasion for interference, I retired, leaving directions that I should be called, should any change occur. At

4 o'clock the next morning, made an examination, and found the condition as on the night before. There had been no pain during the night, and my patient could sit in a chair, or walk about the room. I then went home, but at 12½ o'clock was recalled, and arrived within an hour.

Found that at 11½ o'clock there was an instantaneous gush of blood from the vagina, which completely flooded the bed and ran through upon the floor. After the first flow had subsided, the hemorrhage was checked by means of cold applications made by the attendants. On my arrival, her face was pale as though she was dead; pulse feeble and quick; and the respiration very frequent and faint.

On examination, found the placenta mostly in the vagina, and one arm, with a loop of the cord, presenting at the os uteri. During all this, not the least pain had been complained of, and the os was dilated only about two inches, but smooth and rigid. Determining immediately to resort to turning, I found it very difficult to introduce the hand so as to seize the feet, by reason of a spasmodic contraction of the uterus upon its contents. After persevering effort version was at length effected, but still no expulsive pains were felt. There was no further loss of blood, for the probable reason that nearly all the vital fluid had already escaped.

Feeling confident that traction would endanger the safety of the patient, unless there should be expulsive action of the uterus, I gave ergot, with alcoholic stimuli; but in a few moments sinking commenced, which caused death in an hour.

I could not ascertain that there had been pain of any severity to cause the separation of the placenta before my arrival, and as it was almost wholly in the vagina when the examination was made, the fatal hemorrhage must have occurred in a few minutes after it commenced. What seemed peculiar, is the fact that there was no pain at any stage of the case, or, at least, but very slight.

CASE II. The second case occurred March 4th, 1850, and the following is the record made of it at the time:

Mrs. W., aged 22, sanguine, nervous temperament, first

pregnancy; taken about noon on the 3d inst. with slight uterine hemorrhage, and little or no pain. Flowing continued during the night, and some pain commenced towards morning. At 8 A.M., 4th, pain increased, as also did the hemorrhage. I first saw her at 9 A.M., and found her with a flushed face; pulse full, and 120 in a minute; slight uterine effort, attended with loss of blood at every pain. On examination, found the vagina filled with coagulated blood, and the os uteri but slightly dilated, but yielding. Felt a substance within the os like the edge of the placenta. The mouth of the womb was so high in the pelvis that it was difficult to ascertain, with any degree of certainty, the true nature of the case. The pains, however, were so slight that they were not at all expulsive, and, still, sufficient to cause hemorrhage.

With a view of quieting this feeble action which only caused wasting of the vital fluid, I gave  $1\frac{1}{2}$  gr. opium. At 11 o'clock fainting occurred, upon which brandy and water was given, with another dose of opium, and towels wet in cold water applied to the uterine region. After about noon the pain and hemorrhage both nearly ceased; the extremities, which had become cold, began to be warm, and the patient was comparatively easy. Towards dark, expulsive pains came on, but with little or no flooding, and, on making an examination, I could distinctly feel the edge of the placenta, and, besides, the head pressing down, which pushed a "bag of waters." The membranes I at once ruptured, when the head immediately commenced descending and pressed upon the loosened edge of the afterbirth. From this time, expulsive efforts were violent and unattended with hemorrhage. About 9 o'clock, she was delivered of a stillborn child, weighing about 7 pounds.

The placenta was attached to the anterior portion of the cervix. The danger in this case seemed to be from loss of blood at each pain, however slight. When the membranes were ruptured, and the contents of the uterus brought to press upon the edge of the placenta, the bleeding vessels were closed. Had the feet or knees presented, fatal hemorrhage might have resulted before an adequate amount of pressure would have

been made. I will add that the patient recovered as rapidly as could be expected, after losing such a quantity of blood.

**CASE III.** The third case occurred but a few days ago, the history of which is as follows:

I was called March 2d, 1868, to visit Mrs. O., aged 20, good constitution, nervous, sanguine temperament. Found her complaining of severe pain in the left iliac region, and extending to the pubis, attended with copious uterine hemorrhage. On examination, found the os uteri slightly relaxed, but high in the pelvis; the cervix not entirely obliterated, and the patient thinks she is not more than  $7\frac{1}{2}$  months advanced. I suspected placenta prævia, and, to relieve the unnatural pain, gave a full dose of morphine, and ordered cold water applied to the uterine region.

*March 3d.* Found my patient relieved from pain, and that but little flowing had occurred since yesterday. Enjoined rest, and that I should immediately be called should any unfavorable symptoms arise.

*March 6th.* Was called, and found her in pain, as at first, and flowing copiously. Condition of the os unchanged. Prescribed opiates, cold applications, and rest.

*March 7th.* Pain relieved and no more hemorrhage.

*March 20th.* Was called about noon, and found her suffering from pain, attended with expulsion of large coagula. Os not dilated, and could not ascertain with certainty the presentation. Gave opium, which stopped both pain and flowing in a short time. At midnight was called, and found the woman had lost a great amount of blood. Syncope had resulted. The os was dilated about one inch, and I thought I could feel an edge of the placenta upon the posterior portion of the cervix. Gave stimulants, which only caused more pain and loss of blood. Each expulsive effort made it more evident that my diagnosis was correct, as an edge of the placenta could unmistakably be felt, and a firm coagulum between it and the uterus. At this juncture I ruptured the membranes, which had begun to protrude, and a copious flow of waters followed. Upon this, the head began immediately to descend and to press upon the loos-

ened edge of the placenta. Within half an hour the hemorrhage entirely stopped, and labor was completed before daylight. The child, a male, was feeble at first, but soon breathed strongly. The woman is now doing well, although debilitated from loss of blood.

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ARTICLE XXV.

REPLY TO DR. HENDRICKS' REVIEW: THE PATHOLOGY OF TYPHOID FEVER.

By Z. C. McELROY, M.D., Zanesville, Ohio.

In this reply to Dr. Hendricks' "*Review of Dr. McElroy's hypothesis of the pathology of typhoid fever*," it is proposed to consider the objections of Dr. H. in the spirit which should animate all controversy, to wit, to give due consideration to all objections to any views advanced. As preliminary, it may be proper to state certain fundamental principles, underlying the science and practice of medicine, generally held in the representative medical mind at this time. These assented to, the way is clear for explanations; objected to, that ends the matter, so far as any views in my paper are concerned. Some common understanding on these points is absolutely necessary to an intelligent discussion.

First. What is Disease? "Disease\* is not, as it was formerly imagined to be, a special entity, a particular essence, a something vague, intangible, mysterious, but simply a departure from the normal standard, a change in or of a part, brought about by the perverted action of its circulation, innervation, and nutrition; and modified by structure and function. Nearly every disease, whatever its name or site, is essentially an inflammation. Even in what are called the neuroses, or nervous affections, inflammation generally plays a conspicuous part."

\* Prof. Gross' "Now and Then," published address, 1867.

Second. How is it to be studied? "As an object of natural history, in the same manner, and upon the same principle precisely as an animal, a plant, or a mineral is viewed and studied, apart from all hypothesis and speculation, as something tangible and existent, not vague and undefined, without form or substance."\*

Third. What are the leading organic processes of life? Nutrition and oxidation, supply and waste, assimilation and destruction. The vegetable builds up organic matter from the inorganic elements and forces of nature. Animals oxidize it, or return its elementary constituents in lower states of organization, or their ordinary states in nature, back to the inorganic world.

Fourth. Force is always conserved as organization is ascending in complexity—the organization itself is the correlation of force—until the highest point is reached in the universe—the tissues of man.—[Grove and Tyndall.]

Fifth. Force invariably reappears as organization is retrograding, either as heat, mechanical motion, sensation, emotion, or mentality; and the sum of all are the exact equivalent of the destructive metamorphosis accomplished.—[Grove and Tyndall.]

Typhoid fever was studied philosophically, in accordance with these fundamental principles, and before Prof. Gross' formulation of them met my eye, and its empirical phenomena, for the benefit of the medical society over whose deliberations the writer has the honor to preside, and an essay written for, and read to, them, and published in the EXAMINER for March, 1868, p. 139.

Dr. Hendricks reviews this essay in the EXAMINER for May, and objects to the pathological views therein, and thinks they are at variance with known facts; and suggests *friction*, to account for the increased temperature always present in the disease.

Applying the laws of force, and the other general principles

\* Prof. Gross' "Now and Then," 1867.



laid down here, in getting a philosophic explanation of the increased temperature in typhoid fever, Dr. H. can hardly conclude otherwise than with myself, that they are due to the peroxidation of the tissues, which so steadily disappear during its progress. If the tissues were suitable for the purposes of life, they could not be oxidized without producing mechanical as well as thermal results, to wit, spasms and convulsions, and there would be absent the febrile phenomena. If nutrition and oxidation were proceeding normally, the result would be health, not disease.

Then, why the peroxidation, and increase of temperature, and waste of tissues in typhoid fever? Can it be otherwise than an interference with the final acts of nutrition, *viz.*, the passage of the liquor sanguinis, through minute cell organizations, to the solid tissues, as well as the normal condition of the blood and solids, by the cause or causes of the disease? These causes being some, not well understood, mode or modes of the ordinary forces of the universe, rendering the tissues unfit for the normal purposes of life—in other words, effete? May it not be that, if the quantity of tissue thus interfered with be small, the result is *intermittent fever*? If larger, *remittent fever*? If still larger, *continued*, or *typhoid fever*, running its course in two or more weeks, and ending in death or recovery? If, on the other hand, the quantity is excessively large, the result—the *cold plague*, or *pernicious fever*—the dynamics of life, as it were, stamped out—no reaction, no peroxidation set up for its removal, but death in the first rigors or stage?

If Dr. H. will think these things over again, perhaps he may change his conclusions as to Dr. McElroy's pathology of typhoid fever; for, unmistakably, the tendency of the general medical mind is toward regarding diseased action as a unity, modified by structure and function of the parts involved, and by many other causes, as age, sex, climate, season of the year, etc., etc.

## ARTICLE XXVI.

## SULPHITES IN THE TREATMENT OF FEVERS.

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By A. C. SIMONTON, M.D., Mitchellville, Iowa.

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EDITOR CHICAGO MEDICAL EXAMINER,

*Dear Sir:*—As additional testimony in favor of the efficacy of sulphites in the treatment of *malarial diseases*, permit me to report the following cases through the columns of your journal:

CASE I, was that of myself. Having lived in one of the most excessively malarious districts on the Wabash River, in Indiana, for a number of years, and being rather susceptible to the influence of that poison, I found myself compelled to resort to the use of medicines every autumn, in order that I might enjoy anything like health. But for the last four or five years my system seemed to have become surcharged with the poison, and had taken on that condition which might properly be called a *malarious diathesis*. I was compelled, at least during all those seasons of the year when intermittents and remittents were rife, to resort to some remedy, *constantly*, as a prophylactic. I gave *arsenic* a thorough trial, and all those remedies vaunted as specifics, almost, in *chronic ague*, but to no avail; I could not rid it out of my system. I finally fell back to quinine, as the chief of its class, and continued taking it as a prophylactic, from one to three times a day, for at least half of the year. I went to Chicago, October 1st, 1867, to attend Chicago Medical College, and took with me nearly an ounce of quinine, of which I consumed the greater portion up to January, when, after hearing your lectures on the use of the sulphites in malarial diseases, I resolved to give them a thorough testing in my case. I therefore left off the quinine January 13th, 1868, and commenced taking the sulphite of soda in 10 gr. doses, four times a day, in solution.

I am happy to say that, in the space of one week, my appetite commenced improving, digestion was performed with more vigor, and that almost constant tendency to yawn and stretch,

which are characteristic of this disease, had disappeared. In the space of about two weeks, I could feel no effects of the poison in my system; but, in order to make assurance "doubly sure," I continued the remedy for another fortnight, when I discontinued it, feeling almost like another person.

I took another short "course" of the sulphite in five or six weeks from the above-mentioned time, and have enjoyed perfect immunity from any of the symptoms of malarial poisoning up to this date, June 9th. Since I came to this locality, I have treated several cases of *chronic ague* with the sulphite of soda, successfully.

CASE II. D. D., farmer, who has been incapacitated for business for the past six months, owing to the frequent recurrence of intermittent fever, which, he says, has been broken up time after time, by the usual remedies, applied for treatment. Notwithstanding his assertion that he had taken an abundance of quinine, I ordered a sufficient quantity of that remedy to break the paroxysms, and then followed at once with the sulphite, in 10 gr. doses, four times a day. Had this continued for the space of three weeks, when the patient reported himself cured, and has since gone about his work with the vigor of a healthy man.

CASES III and IV of my note-book, are parallel with the one just reported; and there are others of different degrees of severity; but I will not occupy space in detailing them here.

Suffice it to say that, so far as my experience has gone, the sulphites are the remedies, *par excellence*, to rid the system of that poison, the nature and *modus operandi* of which is not yet fully established, which causes intermittent and remittent fevers. In all acute attacks I should deem it advisable, first, to check the paroxysms by the usual antiperiodics, after which, the remedy under consideration will complete the work.

I shall give this remedy a more thorough testing during the autumn months, and will probably report on some future occasion.

## Proceedings of Societies.

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### CHICAGO MEDICAL SOCIETY.

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Friday, May 22, 1868.

The regular meeting of the Chicago Medical Society was called to order by Dr. Wickersham, who was chosen President, *pro tem*. The Secretary read the minutes of the last meeting, which were approved.

Under the call for pathological specimens, Dr. Holmes presented two cataracts, one being of unusual large size; also a modified and improved cataract knife.

Dr. Durham reported the case of a lady whom he had been attending for some time, who had chronic diarrhœa. The patient never had much cough. A *post mortem* revealed extensive miliary tubercle in both lungs, and, also, ulceration of the intestine; specimens of each being exhibited to the Society.

Dr. Davis remarked that there had probably been a pleuropneumonic inflammation previous to death. Did not think there was a deposit of tubercle in the menentery. Said he had seen a goodly number of cases of chronic diarrhœa with pulmonary tuberculosis, in which there was no noticeable cough if the diarrhœa were not controlled; but if the diarrhœa was checked for two or three weeks, a cough would supervene, with muco-purulent expectoration. A *post mortem* revealing, in either case, pulmonary tuberculosis. Recommended that Dr. Durham examine the specimens under the microscope, and report the same to the Society.

Under reports of cases, Dr. Wanzer reported the case of a man who fell and split his nose and lip, the wound filling with splinters and sand, which, however, healed by granulations; but his nose was decidedly one-sided, which, nevertheless, he righted by an operation. He also reported the case of a little boy, 5 years old, who had his leg crushed by a wagon wheel. Stated that the bone was denuded for some three inches below

the patella, and the inflammation was very great, and asked the Society for advice in the matter.

Dr. Davis did not think any advice could be given, without seeing the patient.

Dr. Wickersham said that he had been informed that the cattle in Sangamon Co. were dying off at the rate of 75 per day from a disease, as yet unknown, and he thought it the duty of the Society, to discover, if possible, what this disease was, and the treatment.

Dr. Davis regarded the report as well worthy the attention of the Society, and recommended that a committee be appointed to investigate the matter, should the disease continue to extend.

On motion of the President, the following committee was appointed: Drs. Wickersham, Davis, Paoli, Bogue, and Durham, whose duty it should be to report from time to time, if deemed necessary.

Dr. Davis recommended that the Society only meet once a month during the months June, July, and August, and that on the first Friday in each month. Motion carried.

Society adjourned.

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Friday, May 29, 1868.

The regular meeting of the Chicago Medical Society was called to order by the President, Dr. Marguerat. The Secretary read the proceedings of the last meeting, which were duly approved and ordered to be placed on file.

Dr. A. H. Gray, who was recommended for membership at the last meeting, and favorably reported on by the Board of Censors, was balloted for, and duly elected a member of the Society.

The Society then proceeded to the discussion of the regular subject, chosen at a previous meeting, *viz.*: "Treatment in cases of disproportion of the size of the foetal head to the pelvis."

The discussion was commenced by Dr. John Reed, and participated in by Drs. Paoli, Davis, Bevan, Wickersham, Holmes,

and Loverin. No new facts or modes of practice were developed, and hence we omit the usual synopsis.

The subject chosen for discussion on the first Friday in July was, "What effect would ice cut from the basin on the lake shore have upon the health of the people using it for drinking purposes?"

Dr. Bevan asked between what hours constituted a night visit? It was decided from 10 P.M. to 6 A.M., when the the physician was allowed double fees.

The Society then adjourned.

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Friday, June 5, 1868.

The regular meeting of the Chicago Medical Society was called to order by the President, Dr. Marguerat, and the proceedings of the previous meeting were read by the Secretary and approved.

Under the call for committee reports, Dr. Durham, in behalf of the committee appointed to investigate the cattle disease, said that he had been furnished with some information on the subject, and exhibited to the Society a letter from Dr. Geo. B. Allen, of Springfield, in which he regarded this disease as a pleuro-pneumonia. He also read an article which was published in the *Springfield Journal*, by the same author. Stated that he has been informed by Dr. Janes that the disease has entirely abated.

Under call for pathological specimens, Dr. Bogue presented a portion of the vertebræ of a man who had died in the County Hospital, from fracture of the twelfth dorsal vertebra, caused by being run over and doubled up by a hand-car. He was admitted to the Hospital at the time of the accident, April 14, with complete loss of sensation and motion of the lower extremities, but no pain. May 4, bed-sores and marked deformity at the point of injury. May 9, bed-sores sloughing; a thin, fetid discharge from bowels constantly. On May 31, the patient died from exhaustion. Stated that below the seat of injury the temperature was about two degrees higher than above. *Post mortem* revealed a complete fracture of vertebra

with the last ribs twisted from their attachment, and the cord softened about the fracture. In this case, there was no counter-extension employed, and only the palliative remedies administered.

The practicability of opening to the cord, by means of a trephine, was discussed by Drs. Lyman, Holmes, Paoli, Bogue, Durham, and Wickersham; the latter gentleman believing that cases of fracture of the vertebræ should not be experimented on by this uncertain means, thereby avoiding suits for malpractice.

Dr. Bogue believes that where there is no mobility nor crepitus, it is useless to operate by trephining.

Dr. Lyman thinks if 10 per cent of these cases can be saved, it will justify the operation.

Under the head of cases, Dr. Wickersham reported the case of a man who had a soft chancre, nine or ten months ago, who was successfully treated. A short time since, he had an eruption, resembling secondary disease, come out on the forehead. This eruption occurred some 36 or 48 hours after the patient had commenced wearing red flannel shirts, and upon discontinuing wearing them the eruption disappeared in 48 hours. He believes physicians, generally, to be too hasty in their diagnosis, frequently telling patients they have constitutional disease, when there is no foundation for the statement. He also related a case, where a lady was troubled with a similar eruption from eating strawberries, the eruption always occurring in strawberry season.

Dr. Loverin says he has cases of this rash, from the wearing of red flannel, extending over the body.

Dr. Durham related the case of a man, who fell on the ice while crossing the river at Atchison, Kansas, early last winter. He did not fall entirely down, but merely slipped, saving himself by allowing his weight to come on one hand. The first symptoms were faintness and a feeling of nausea, he not being able to move for upwards of half an hour, during which he remained lying on the ice. Finally, he arose, feeling pretty well, and resumed his journey to Valparaiso, Ind., where he



resided. States that in four months his weight was reduced from 198 to 140 pounds, but he now weighs about 160 pounds. On examination, he found pulse 83, shortness of breath, and retention of urine. Over the third, fourth, and fifth dorsal vertebræ great tenderness on pressure, but, to all appearances, no displacement or abnormal appearance of the spine, there being only this excessive hyperæsthesia on the right side. Amount of urine very great.

Dr. Lyman thought this case of much interest, and hoped Dr. Durham would have it published, as it is undoubtedly an injury of the spine from a comparatively slight cause.

Dr. Paoli asked as to the possibility of this case being one of malingering; citing one in his own practice.

The discussion was also participated in by Drs. Bogue and Loverin.

Dr. Holmes related a case, where the use of chloroform was followed by dangerous symptoms, the pulse falling from 120 to 46 beats per minute, and then ceasing entirely. Circulation was established by placing the patient's head down, at an angle of 45°. He also stated that a similar case, last winter, speedily recovered under the same treatment.

The Society then adjourned until the first Friday in July.

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#### MORGAN COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the Morgan County Medical Society was held in Music Hall, on Monday, April 8th, 1868, and was called to order by the President, Dr. Henry Jones, at 2 o'clock P.M.

In the absence of the Secretary, Dr. Lucas was elected Secretary *pro tem*.

The minutes of the last meeting were read and approved.

Drs. C. G. Jones and G. H. Sanford, both of Jacksonville, were nominated as members.

Dr. Prince exhibited some specimens of calculi from the bladder.

1. A specimen of four calculi, taken from a young man, 21 years old, by the lateral operation in 1857. They had been 15 years forming. The patient is still living.

2. A specimen of a single calculus of lithic acid, weighing  $4\frac{1}{4}$  ounces, removed in 1859, by the lateral section. The patient is still living, though with an urinary fistula, which requires a plastic operation to close it.

3. A small phosphatic calculus, removed by the lateral section, from a boy 12 years old. The patient recovered, and is still living.

4. A nest of 14 calculi, of nearly the same shape and size, weighing, in the aggregate, 4 ounces (avoirdupois), taken from an old gentleman aged 63 years, in 1864. The patient recovered from the operation, and survived a year.

5. Three phosphatic calculi, weighing, in the aggregate,  $5\frac{1}{4}$  ounces, removed from a patient 31 years of age, on the 5th of March last, by the median operation. The patient is in the process of recovery.

6. A phosphatic calculus, together with a small penknife, from a female bladder, removed by a section through the vaginal wall, which was subsequently closed by the operation usually performed for vesico-vaginal fistula. Recovery complete.

Comments were made upon the relations of these operations to general surgery, and upon questions which they helped to illustrate. One point made was, that after severe injuries and operations, a more supporting treatment is necessary, than accords with the extreme fear of inflammation, which prevailed in the first part of the present century.

Dr. Edgar thinks that if by diagnosis the calculus proves to be of large size, the operation of lateral incision is safer than that by dilatation and tearing, as the rectum is less likely to suffer. He made also some remarks about the formation of calculi in the bladder. He thinks that accidental detachment of mucus and foreign bodies is oftener the cause of their formation than certain qualities of food and water.

Dr. Bibb reported two cases of formation of calculus deposit, operations by Prof. Brainard, caused by the introduction of a button and part of a pencil, in the female bladder.

A letter from Dr. McVey was read, excusing himself for non-appearance. He promised to furnish the Society an essay some other time.

Dr. Lucas read an essay on the nature of lochia, and its abnormalities in regard to color, quantity, quality, and odor, and reported a case of suppressed lochia of three days' standing, caused by a forcible contraction of the uterus, in connection with profuse sweating, and free suction of a strong child.

Dr. Prince made some remarks on the above subject. He compared the wound and its changes, produced by the detachment of the placenta from the uterus, with those of a surgical wound, and advised the study of surgery to every obstetrician.

Dr. Fisher asked the Society if bandaging after delivery was old fogysm, as considered by some physicians. He is of the opinion that the bandage is necessary for the expulsion of coagulated blood.

Dr. Edgar thinks it necessary in delicate persons, but not so important in stout ones. In connection he spoke about the diet and after-treatment of lying-in women, which ought to be nourishing and supporting. He also approves the knowledge of surgery to the obstetrician.

Dr. Reed remarked, the bandage is necessary to prevent the parts to remain loose and flabby, and to insure a good form, but gave a case where the woman was up the next day, without a bandage, doing her work. He referred also to the savages and half-civilized nations, women make little or no change in their general conduct in consequence of childbirth, but return to their usual occupation almost immediately after delivery.

Dr. Henry Jones stated, that in ascites, after throwing off the water, a bandage is applied to prevent a feeling of fainting and prostration; the same ought to be applied to the uterus after the expulsion of its contents, and sometimes on the above grounds before the expulsion of the afterbirth in tedious labors. He thinks that milk fever is a very rare occurrence and often only an imaginary disease.

Dr. Edgar is of the opinion that the febrile excitement, often called milk fever, is due to the reaction of the exhausting pain,

depletion, and nervous depression. In regard to the application of the bandage, he thinks that the pressure is often not applied to its proper place, producing like tight-lacing, prolapse, tumors, displacement, and its consequences. Nine-tenths of the female troubles are, considered by him, due to faulty dress, and something ought to be done to prevent it.

Dr. Henry Jones thinks that all these remarks are of no use, for it is impracticable for a physician to correct tight-lacing.

Dr. Fisher is of the opinion that there is not so much imprudence in dress now as there used to be, and that the fashion controls what the physician cannot prevent.

Dr. Mitchell, of Meredosia, though not a member made some remarks on the propriety of the application of the bandage and the injury of imprudence of dress, corroborating the above opinions.

Drs. Edgar, Sr., Fisher, and Bibb were appointed a committee to make arrangements for the celebration of the Second Anniversary, to be held May 14th. On motion, the Society adjourned, to meet on the second Thursday of May, 1868, at 11 o'clock A.M., in the Fireman's Hall.

C. J. LUCAS, M.D., *Sec'y pro tem.*

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#### MORGAN COUNTY MEDICAL SOCIETY.

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The Society met in Firemen's Hall, Jacksonville, on Thursday, May 14th, at half-past eleven o'clock A.M. Upon being called to order by the President, Dr. Henry Jones, the proceedings of the last regular meeting were read and approved.

The committee on examinations having reported favorably upon the nominations of Dr. C. G. Jones, Dr. G. H. Sandford, and Dr. Welch, they were unanimously elected members of the Society.

This being the annual meeting the Secretary's report for the year was then read, and a resolution of thanks to Dr. Wilbur was passed.

The Treasurer, Dr. Craig, having been away from home, was unable to present his annual report, but promised to hand it in

at the next meeting. A resolution of thanks to Dr. Craig for the faithful performance of official duties was then unanimously passed by the Society.

Nominations for delegates to the State Medical Convention to be held in Quincy, Illinois, on the 19th of May, were then made, and Drs. Fisher, Lucas, Edgar, Wilbur, De Leuw, and Johnson were elected.

Drs. Prince, H. Jones, W. S. Edgar, Bibb, and Fisher were then elected as the examining Committee of the Society for the ensuing year.

The Society then proceeded to elect its officers for the ensuing year with the following result:

For President—Dr. David Prince.

For Vice-President—Dr. J. G. Cox.

For Secretary—Dr. C. T. Wilbur.

For Treasurer—Dr. G. R. Bibb.

Dr. Prince was then conducted to the chair, when he made a few introductory remarks, followed by Dr. Henry Jones with a valedictory.

On motion Dr. Jones was tendered a vote of thanks by the Society, by a rising vote.

The following motion was then passed:

"That the corporate members of the Society present be assessed the sum of one dollar and fifty cents for the expense incurred in the Society dinner, and if the amount raised by said assessment exceed the expense thus incurred, the ballance shall remain in the hands of the Treasurer, subject to the order of the Finance Committee."

Dr. W. S. Edgar then read a draft of the proposed law for the "better regulation of the practice of medicine in the State of Illinois," and requested the opinion of the Society upon its practicability and main points.

Dr. Prince said, "The plan proposed seemed to him to be the only feasible plan. The prevalent feeling in the community seemed to be 'free medicine and no sects in medicine.' Public sentiment seemed to demand this—still the people need protection. Legislation is required to protect the public against ig-

norant pretenders. I should be glad if this plan should go to the State Medical Convention with the endorsement of the Morgan County Medical Society."

Dr. Samuel Adams then said, "I believe the popular sentiment is 'free medicine.' I think there is wisdom in Dr. Prince's suggestions, and the law should be shaped to avoid a collision with the sentiment of free exercise of each ones talent.

"I doubt the expediency of fine for prescription of remedies, for I think the forfeiture of remuneration would be a sufficient specification of penalty.

"Law cannot do much towards improving the practice of medicine. It must be done by the association, and proper united effort of educated men. I am not very hopeful of advantages to be derived from legislation.

"I would suggest that the evil lies partly where this proposition seems to place it, in the medical schools. They put through as many students as they can, and often when they are not properly qualified, in order to obtain large classes, and consequently considerable fees.

"This evil can only be remedied by properly endowed professorships—that will entirely remove the profession from the temptation of largess by reason of a large number of fees—or "no graduate, no fee." This law will have some influence upon these institutions by stimulating them to insist upon well qualified graduates. I am inclined to give this law my approval without being very hopeful of the success of such legislation.

Dr. Reed remarked, "I have not much hope as to the result of legislation. More depends upon the united action of men of education in the profession."

Dr. Fisher remarked, "I should hope a good deal from the passage of this law. It will serve to protect the community. When I was a student I happened to be in Paris in this State, when I had a conversation with a practicing physician, who advised me to go at once into the practice of the profession, and not spend further time or money in trying to get a diploma, for, he said, there was no particular advantage in the commu-

nity for possession of the certificates of a regular medical education, and he consequently considered it time and money thrown away. I trust the passage of this law will ameliorate this condition of things.

Dr. Henry Jones remarked, "I have no doubt as to the expediency of making the effort. If we go before the community as trying to help them, they will surely consider us as acting selfishly. I am doubtful of results, but I should not hesitate to attempt to pass this law. I believe with Dr. Adams, that the elevation of our profession is the most probable means of doing good in this direction."

Dr. Craig remarked, "I have some hope that the bill may go through from its evident design. It protects the people from the demands of quacks. The Legislature will not dare to refuse to protect the people by placing safeguards around their pockets."

Dr. Henry Jones suggested "that this law unfortunately would not reach the most dangerous class of practitioners. Educated men who, with some ridiculous crotchet, would always practice upon the ignorance and credulity of the people of the community."

The motion was made and passed, that the plan of a law, as presented by Dr. W. S. Edgar, has the approval and hearty endorsement of the Morgan County Medical Society.

At 1.40 o'clock, the Society adjourned to meet at Dunlap House, for dinner, at 2 o'clock P.M.

C. T. WILBUR, M.D., *Sec'y.*

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### ILLINOIS STATE MEDICAL SOCIETY.

RECORD OF PROCEEDINGS DURING THE ANNUAL MEETING IN  
QUINCY, MAY 19TH AND 20TH, 1868.

The members of the Society assembled in Lincoln Hall, in the city of Quincy, and were called to order by the President, Dr. S. W. Noble, at 10½ A.M.

Prayer was made by Rev. Mr. Hunting; and Dr. Bane, in



behalf of the Committee of Arrangements, extended to the delegates and members a cordial welcome to the hospitalities of the city of Quincy.

Dr. Jos. Robbins, Secretary of the Committee of Arrangements, reported the names of such delegates and members as had registered. The following is the list of delegates and members in attendance:

*Delegates.*

*Adams County Medical Society.*—Drs. J. W. Bartlett, M. M. Bane, Francis Drude, Julius Gunther, H. W. Kendall, L. H. Baker, N. B. Martin, R. Williams, of Quincy.

*Chicago Medical Society.*—Drs. T. D. Fitch, J. M. Hutchinson, of Chicago.

*Chicago Medical College.*—Drs. N. S. Davis, E. Andrews, of Chicago.

*Fox River Valley Medical Association.*—Dr. D. W. Young, of Aurora.

*Hancock County Medical Society.*—Drs. Geo. W. Hall, of Carthage; A. E. McNeall, Brewsburg.

*Iroquois Co. Medical Society.*—Dr. L. T. Hewins, of Loda.

*Macon Co. Medical Society.*—Drs. S. T. Trowbridge, J. A. W. Hostetler, E. W. Moore, of Decatur.

*Medical Board of Cook Co. Hospital.*—Dr. R. G. Bogue, of Chicago.

*McLean Co. Medical Society.*—Drs. H. Noble, of Heyworth; D. L. Crist, of Bloomington.

*Military Tract Medical Association.*—Drs. S. P. Breed, of Princeton; John M. Morse, H. S. Hurd, of Galesburg; S. R. Crawford, of Monmouth; Benj. Woodward, of Galesburg.

*Morgan Co. Medical Society.*—Drs. C. T. Wilbur, C. J. Lucas, W. S. Edgar, of Jacksonville.

*Quincy Medical Society.*—Drs. P. T. Kinsler, E. D. Helms, S. A. Amorey, P. A. Marks, of Quincy; J. F. McCormick, of Fowler.

*Rush Medical College.*—Dr. Edwin Powell, of Chicago.

*Winnebago Co. Medical Society.*—Dr. A. L. McArthur, of Rockford.

*Permanent Members.*

Dr. J. O. Hamilton, Jerseyville, Jersey Co.

Drs. G. R. Bibb, David Prince, Jacksonville, Morgan Co.

Drs. J. N. Ralston, Louis Watson, P. H. Bailhache, A. Niles, of Quincy, W. M. Landon, of Burton, M. Shepherd, of Payson, Adams Co.

Drs. H. B. Buck, H. C. Barrell, H. H. Roman, Justus Townsend, of Springfield, N. Wright, of Chatham, Sangamon Co.

Dr. S. W. Noble, of Bloomington, McLean Co.

Dr. J. T. Fraser, of Howard's Point, Thos. G. Hickman, R. T. Higgins, of Vandalia, Fayette Co.

Dr. E. P. Cook, of Mendota, LaSalle Co.

Dr. F. O. Earle, Chicago, Cook Co.

The following were also elected permanent members by unanimous vote:

J. W. Bonney, of Columbus, proposed by Jos. Robbins.

John E. Combs, of Bloomington, " S. W. Noble.

Ed. Holderness, of Weston, " "

F. A. Warner, of Farmington, " S. K. Crawford.

Henry M. Hurd, of Galesburg, " "

R. J. Patterson, of Batavia, " D. W. Young.

Samuel Milehan, of Camp Point, " D. Prince.

On motion of Dr. M. M. Bane, J. A. Hay, M.D., of La Grange, Mo., and B. J. Bettelheim, M.D., of Brookfield, Mo., were elected members by invitation.

On motion of Dr. L. T. Hewins, of Loda, Dr. T. D. Fitch, of Chicago, was chosen Treasurer *pro tem*.

The Society took a recess of ten minutes, to give the members from each county reopresented an opportunity to select one of their number to constitute a committee for the nomination of officers and the selection of standing committees. When the Society was called to order, the Secretary announced the following as the Nominating Committee:

Adams Co., Dr. W. M. Lander.

Bureau Co., Dr. S. P. Breed.

Cook Co., Dr. R. G. Bogue.

Fayette Co., Dr. R. T. Higgins.

Hancock Co., Dr. G. W. Hall.  
Iroquois Co., Dr. L. T. Hewins.  
Jersey Co., Dr. J. O. Hamilton.  
Kane Co., Dr. D. W. Young.  
Macon Co., Dr. J. A. W. Hostetler.  
McLean Co., Dr. H. Noble.  
Morgan Co., Dr. G. R. Bibb.  
Sangamon Co., Dr. H. H. Roman.  
Winnebago Co., Dr. A. L. McArthur.  
Knox Co., Dr. H. S. Hurd.  
Warren Co., Dr. S. K. Crawford.

The committee to which was referred the charges against the Quincy Medical Society, at the last annual meeting, through the Secretary, submitted the following report:

TO THE ILLINOIS STATE MEDICAL SOCIETY:

Your committee, "appointed to examine and report on the status of the Quincy Medical Society," would, most respectfully, beg leave to report that we have given considerable time and careful consideration to the examination of the statements presented to us by Dr. J. Robbins, on the part of the Adams Co. Medical Society, and of Dr. A. Niles, in behalf of the Quincy Medical Society; and that we can find no just cause for the exclusion of the delegates of the Quincy Medical Society; and would, therefore, recommend the adoption of the following resolution:

*Resolved*, That the Quincy Medical Society is entitled to representation in the Illinois State Medical Society.

C. GOODBRAKE,  
D. O. CRIST.

Dr. H. Noble moved that the report of the committee be accepted, and the accompanying resolution adopted; and expressed the hope that the question would be taken without debate.

Dr. Louis Watson objected, and claimed that the whole subject should be discussed.

Dr. J. Robbins was proceeding to discuss the merits of the questions between the Adams Co. Medical Society and the Quincy Medical Society, when Dr. N. S. Davis protested against

his proceeding, stating that part of the time of the previous annual meeting had been absorbed on the same topic; it had then been referred to as impartial a committee as could be found in the State; both parties had had a whole year to present the facts before that committee, and he thought the conclusions should be adopted without further waste of time by the Society.

Dr. N. Wright called for the *previous question* on the motion of Dr. H. Noble. The call was sustained by the following vote: Ayes 20, Nays 15.

The resolution reported by the committee was then adopted, by Ayes 19, Nays 12.

The Secretary read a communication from Dr. E. L. Holmes, of Chicago, saying that he has his report partly prepared, but was detained at home by sickness in his family, and requesting that he might have the privilege of giving his report directly "to the Publishing Committee, for publication in the Transactions."

On motion of Dr. T. D. Fitch, the request of Dr. Holmes was granted.

The Permanent Secretary, in behalf of the Publishing Committee, presented the following report, which was adopted by a vote of the Society:

*Report of the Committee of Publication to the Illinois  
State Medical Society, for 1868.*

As soon after the last meeting of the Society as the papers and reports referred to the committee were received by the Secretary, they were put to press, and 200 copies ordered for the use of the Society. As soon as they were ready, a copy was mailed, postage paid, to every member of the Society who was reported by the Treasurer as having paid his annual assessment for 1867. About 110 copies were thus distributed; about 25 copies were sent to the various medical periodicals, and a smaller number of copies were sent to other medical societies who desired to exchange Transactions with us. Between 40 and 50 copies remain in the hands of the Secretary, for the further use of the Society.

The cost of publishing the Transactions for the year 1867, was \$298.61, as shown by the bill of Robert Fergus' Sons, Printers, filed with the vouchers of the Treasurer. The same has been paid in full, together with all other bills against the Society for printing or otherwise. See report of the Treasurer.

All of which is respectfully submitted, in behalf of the Publishing Committee, by

N. S. DAVIS, *Permanent Sec'y.*

The annual report of the Treasurer was presented by the Secretary, as follows:

*Treasurer's Report.*

The Treasurer of the Illinois State Medical Society would respectfully submit his *Sixth* Annual Report. In accordance with the instruction of the Society, he has forwarded a statement of dues to all the members who were not present at the last meeting, and has received, in answer to this correspondence, the sum of \$81. The financial statement for the year, ending May, 1868, is as follows:

J. H. HOLLISTER, *Treasurer,*

In acc't with ILL. STATE MED. SOCIETY,

1867.

*Dr.*

May	To Cash received at the annual meeting at	
1868.	Springfield, as per Treasurer's Record,--	\$287 00
Feb. 17.	Am't received by remittance, in answer to	
	correspondence with absent members,----	81 00

Am't in full,-----	\$368 00
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*Cr.*

By paid for publishing Transactions and Cir-

culars in full, for 1867,-----	\$304 61	
Expenses of correspondence,-----	3 00	
Paid for mailing Transactions,-----	7 00	314 61

Balance in Treasury, subject to order,-----	\$43 39
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Respectfully submitted,

J. H. HOLLISTER, *Treasurer.*

The report was accepted, and ordered to be printed in the Transactions.

A communication was received from Dr. J. H. Hollister, Chairman of the Committee on Necrology, asking for further time to complete a report, which request was granted by vote of the Society.

The Nominating Committee presented the following report:

*For President*—Dr. S. T. TROWBRIDGE, of Decatur.

*1st Vice-President*—Dr. J. O. HAMILTON, of Jerseyville.

*2d Vice-President*—Dr. J. T. FRAZER, of Howard's Point.

*Treasurer*—Dr. J. H. HOLLISTER, of Chicago.

*Assistant-Secretary*—Dr. T. D. FITCH, of Chicago.

*Place for holding next Annual Meeting*—Chicago.

On motion, the recommendations of the Committee were unanimously adopted.

Drs. L. T. Hewins and E. W. Moore were appointed a committee to conduct the newly elected officers to their places.

Dr. Trowbridge, on taking the chair, expressed his gratitude to the Society for the honor conferred; and Dr. Noble, in retiring, cordially thanked the Society for the uniform kindness and courtesy shown him during the past year.

The Society then adjourned until 1½ o'clock P.M.

*Afternoon Session.*

Society called to order by the President, at 2 o'clock P.M.

Reports from standing committees being in order, were called for as follows:

*On Practical Medicine and Epidemics*, Dr. H. A. Johnson, of Chicago, Chairman. Dr. E. Andrews said he was requested by the chairman of the committee to state that he had been absent in Europe, which, with some degree of ill-health, had prevented his preparing a suitable report.

Dr. E. P. Cook, of Mendota, one of the members of the committee, presented and read a report in relation to the Topography and Diseases of LaSalle County. On motion of Dr. S. W. Noble, the report was accepted and referred to the Committee of Publication.

*On Surgery*, Dr. Edwin Powell, of Chicago, Chairman. Dr. Powell presented an abstract of his report, which related, first, to the treatment of ununited fractures by repeated drillings, as recommended by the late Prof. Brainard; second, to treatment of strictures of the urethra by perineal section; third, cystotomy as a remedy for cystitis; fourth, to the treatment of prolapsus of the rectum; fifth, to the use of carbolic acid in surgery; sixth, to the use of bromine in erysipelas; and seventh, to the resection of nerves for neuralgia.

Dr. E. Andrews moved that the report be accepted and referred to the Committee on Publication. He also commented at some length on that part of the report relating to the resection of nerves, and adduced some cases in his practice, in which operations on the nerve of the lower jaw had proved permanently successful. He advises the operation to be made high enough to embrace the myeloid branch of the nerve.

Dr. W. S. Edgar, in relation to that part of the report on the treatment of ununited fractures, remarked that he regarded the repeated borings with the drill, recommended by Dr. Powell, unnecessary if the *spike* was used properly as an aid. He related one case treated by the *spike* alone, without drilling, and another in which the *spike* and drill were both used.

Dr. Powell thought the difference between the action of the *spike* and drill was just the difference between the simple and compound fracture. He claimed that the simple drill was used sub-cutaneously and produced no dangerous degree of inflammation.

Dr. D. Prince remarked, that in the cases in which he had used the *spike* none of the symptoms of compound fracture followed; the *spike* operating by pressing the fractured parts together more perfectly.

The vote was taken on the motion to refer the report of Dr. Powell, and carried unanimously.

*On Obstetrics*, Dr. E. W. Moore, of Decatur, Chairman. Dr. Moore presented and read an interesting report, which was accepted and referred to the Committee of Publication.



*On Drugs and Medicines*, Dr. Henry Wing, of Collinsville, Chairman. No report, and the committee discharged.

*Special Committees.*

Dr. H. H. Roman, of Springfield, read a report on Ophthalmology, which was accepted and referred to the Committee of Publication.

Dr. N. S. Davis, of Chicago, announced that his report on Cholera was ready, and its hearing was made the special order for 10 o'clock A.M., to-morrow.

Special Committee on the Language of the Pulse in Disease, Dr. J. H. Hollister, of Chicago, Chairman, made no report.

Dr. D. Prince, Special Committee on Fractures of the Lower end of the *Radius*, had not completed his report, and was continued another year.

Dr. E. Ingalls, of Chicago, on Conservatism in the Use of Remedies, made no report.

Dr. R. G. Bogue, of Chicago, Chairman of the Committee on Diseases of the Spine and Joints, read a report on the latter topic, which was discussed by Drs. D. W. Young, E. Andrews, N. S. Davis, and E. Powell. The report was referred to the Committee of Publication.

On motion, the Society adjourned until 8 o'clock P.M.

*Evening Session.*

The President called the Society to order at 8 o'clock P.M.

Dr. O. F. Earle, of Chicago, member of the Committee on Deformities and Diseases of the Spine and Joints, read a report in relation to the pathology and treatment of deformities of the spine. The report was accepted and referred to the Committee of Publication.

Dr. E. Andrews, of Chicago, read a paper on the Use of the Endoscope, accompanied by an exhibition of the instrument used with a magnesium light. The paper was referred to the Committee of Publication.

The Committee on Nominations reported the following standing and special committees, to report at the next annual meeting of the Society.

*On Surgery*—Drs. A. L. McArthur, of Rockford; D. W. Young, of Aurora; and R. T. Higgins, of Vandalia.

*On Practical Medicine and Epidemics*—Drs. E. P. Cook, of Mendota; D. L. Jewell, of Watseka; and S. P. Breed, of Princeton.

*On Obstetrics*—Drs. H. B. Buck, of Springfield; S. K. Crawford, of Monmouth; and H. B. Cheney, of Joliet.

*On Drugs and Medicines*—Drs. N. S. Davis, of Chicago; Louis Watson, of Quincy; and F. B. Haller, of Vandalia.

*On Gynæcology*—Dr. J. H. Chenowith, of Decatur.

*On Insanity*, to inquire what legislation, if any, is necessary to secure the rights and secure the comforts of the insane, who do not have the benefits of the Illinois Hospital for the Insane—Drs. R. J. Patterson, of Batavia; D. W. Young, of Aurora; and G. R. Bibb, of Jacksonville.

*On Lithotomy*—Dr. E. Powell, of Chicago.

*On Deformities of the Knee and Ankle-Joints, unconnected with Inflammation*—Dr. R. G. Bogue, of Chicago.

*On Ophthalmology*—Drs. E. L. Holmes, of Chicago; H. H. Roman, of Springfield; and J. S. Hildreth, of Chicago.

*On Aphasia*—Dr. H. M. Hurd, of Galesburg.

*On Cholera-Infantum*—Drs. N. Wright, of Chatham, and H. C. Barrell, of Springfield.

*On Idiocy*—Drs. C. T. Wilbur, of Jacksonville; N. S. Davis, of Chicago; H. H. Roman, of Springfield; F. B. Haller, of Vandalia; and S. T. Trowbridge, of Decatur.

*On Staphyloraphy*—Dr. Moses Gunn, of Chicago.

On motion, the report of the Nominating Committee was adopted.

The Society adjourned until 9 o'clock A.M.

SECOND DAY—*Morning Session.*

The Society was called to order at 9 o'clock A.M., Dr. Trowbridge in the chair.

Dr. DeLaskie Miller, of Chicago, special committee on Cholera-Infantum, made no report.

Dr. F. B. Haller, of Vandalia, chairman of the committee to which was referred certain resolutions pertaining to Medical

Education, at the annual meeting of 1867, submitted the following report:

GENTLEMEN OF THE ILLINOIS STATE MEDICAL SOCIETY:

Your committee, to whom was referred the resolution of last year, on Medical Education and Schools, would respectfully report the following preamble and resolutions, *viz.*:

*Whereas*, There is, manifestly, a general desire upon the part of all the medical men of America, to raise the grade of medical education to a higher and more efficient degree; therefore, be it

*Resolved*, That we, the representatives of true medicine of Illinois, in annual meeting assembled, do adopt the resolution on medical schools and education, offered at our last annual meeting.

*Resolved*, That we will receive no young man into our offices to read medicine, unless he is possessed of such qualification as was recommended by the Teachers' Convention of 1867.

*Resolved*, That we should, as exponents of the sentiments of the profession of Illinois, and having the glory of our profession and the welfare of humanity at heart, encourage and patronize such schools only as give the most thorough and systematic course of teaching, *regardless of men or place*.

*Resolved*, That the schools of our own State be requested to so modify and extend their time of teaching as to make them as thorough as the times demand, and equal to any schools in the world.

F. B. HALLER, *Chairman*.

Dr. L. Watson moved that the resolutions offered by the committee be adopted.

After some discussion, Dr. H. Noble moved that the resolution offered by Dr. F. B. Haller, at the last annual meeting, be adopted as a substitute for those now reported by the committee.

Dr. D. W. Young moved to amend, by striking out the last clause of the resolution offered last year. The motion was seconded by Dr. Davis, and adopted. Remarks on the subject were made by Drs. Powell, Young, Robbins, Watson, Noble, and Davis, after which the resolution, as amended, was adopted by a *unanimous vote*. The resolution is as follows:

*Resolved*, That we, the members of the State Medical Society, recommend that the several medical schools in this State adopt the plan of teaching recommended by the recent Teachers' Convention, in Cincinnati, as soon as practicable."

Dr. Jas. Robbins, of Quincy, offered a series of preambles and resolutions, ridiculing the Society for its action in admitting the Quincy Medical Society to representation, which were laid on the table, by a vote of ayes 20, noes 10.

Dr. H. Noble called up and moved the adoption of the following amendment of the Constitution, proposed at the annual meeting of 1867, by Dr. E. W. Moore:

"That Art. 4 of the Constitution be so amended, that the term of office of the President and Vice-Presidents shall commence at the opening of the next annual meeting after their election."

Remarks were made by Drs. W. S. Edgar, S. W. Noble, and T. D. Fitch, in opposition to the proposed change; and by Drs. E. W. Moore, D. W. Young, D. Prince, and A. L. McArthur in its favor. The question being taken, the amendment was adopted by the constitutional majority.

Dr. N. S. Davis, of Chicago, special committee on the Causes, Pathology, and Treatment of Cholera, read a report, which was accepted and referred to the Committee of Publication.

Dr. H. Noble called up and moved the adoption of the following amendment to the Constitution, proposed by Dr. Hollister, in 1867:

*Resolved*, That there shall be a regular standing Committee on Necrology, whose duty it shall be to report, annually, brief biographical notices of deceased members. The same was adopted by the constitutional majority.

Dr. E. Powell, of Chicago, read a volunteer communication, relating to the Treatment of Periodical Fevers by the Hypodermic Injection of Sulphate of Quinine. The communication was accepted and referred to the Committee of Publication.

Dr. D. Prince, of Jacksonville, read a paper on the Operations for Removal of Stones from the Bladder. The paper was accepted and referred to the Committee of Publication.

Dr. T. D. Fitch proposed the following amendments to the Constitution:

1st. Creation of a new standing committee, called the Investigating Committee, or Board of Censors.

2d. An amendment to the paragraph relative to the election of permanent members, in Sec. 2 of the Constitution.

*Amendment First.*—There shall be appointed, annually, a Committee of Investigation, or Board of Censors, consisting of five members, whose duty it shall be to investigate all charges made against any member of this Society, or any organization auxiliary to this Society, and entitled to representation in it; to investigate the status of all applicants for membership in our organization; and perform such other duties as are usually required of such a committee.

*Amendment Second.*—The Permanent Members shall consist of all those who have served in the capacity of delegates, and of such other physicians as may be proposed by two members of this Society, reported on favorably by the Committee of Investigation, and receiving a two-thirds vote of all the members present. They shall be members in good standing of a regularly organized local (city, county, or district) medical society, entitled to representation in this Society, if such society exists in their immediate locality, or within a reasonable distance. Any member losing his membership in his local society shall, by proper evidence being furnished to this Society, forfeit his membership in this organization.

Laid on the table for one year, according to the rules.

Dr. S. T. Trowbridge, of Decatur, Chairman of the Committee on Legislation, read a report embodying the substance of a law to be submitted to the next Legislature.

Pending the consideration of this report, the Society adjourned until 2 o'clock P.M.

#### SECOND DAY—*Afternoon Session.*

The Society was called to order by the President, at 2 P.M.

The report of the Chairman of the Committee on Legislation being in order, Dr. W. S. Edgar, in behalf of a majority of the

members of the committee, presented and read a second report. After a discussion, in which Drs. Edgar, Niles, McArthur, Young, Robbins, Watson, S. W. Noble, H. Noble, Davis, and Prince participated, the following resolutions were adopted:

*Resolved*, That the Committee on Legislation, which is hereby continued, be instructed to secure, if possible, the passage of an act by the General Assembly, substantially the same as that reported by Dr. H. A. Johnson, for Legalizing Dissections.

*Resolved*, That the Committee on Legislation be instructed to secure the passage of an act by the General Assembly, embracing the main features of the reports of Drs. Trowbridge and Edgar.

On motion of Dr. Prince, Dr. Jayne, of Springfield, was added to the Committee on Legislation.

The following members were duly elected as delegates to the next annual meeting of the American Medical Association:

J. O. Hamilton, of Jerseyville.

D. L. Crist, of Bloomington.

D. W. Young, of Aurora.

H. H. Roman, of Springfield.

A. L. McArthur, of Rockford.

N. Wright, of Chatham.

I. T. Wilson, of Quincy.

S. W. Noble, of Bloomington.

H. S. Hurd, of Galesburg.

J. C. Corpus, of Mendota.

A. Niles, of Quincy.

S. T. Trowbridge, of Decatur.

G. R. Bibb, of Jacksonville.

Peter Young, of Mendon.

T. F. Worrell, of Bloomington.

H. W. Kendall, of Quincy.

T. G. Hickman, of Vandalia.

D. S. Jenks, of Plano.

C. Goodbrake, of Clinton.

Dr. D. Prince offered the following resolution, which was unanimously adopted:

*Resolved*, That the thanks of the Society are extended to the profession and citizens of Quincy, for the adequate provisions made for the exercises of the meeting, and for the hospitality extended to its members.

The Nominating Committee submitted the following report, which was adopted:

*Committee of Arrangements for next Annual Meeting*—Drs. R. C. Hamill, S. Wickersham, Thos. Bevan, E. Powell, and G. C. Paoli, all of Chicago.

*Standing Committee on Necrology*—Drs. J. H. Hollister, of Chicago; F. B. Haller, of Vandalia; and W. S. Edgar, of Jacksonville.

Dr. D. W. Young offered the following resolution, which was unanimously adopted:

*Resolved*, That the thanks of the Society are hereby tendered to the Chicago, Burlington, and Quincy Railroad Company for their liberality in passing the delegates to this meeting over their road home free of charge.

Dr. Louis Watson expressed much regret and personal feeling on account of the action of the Society relating to the Quincy Medical Society, and asked leave to withdraw his name as a permanent member of this Society. After some remarks by Drs. McArthur, Young, Ralston, and Robbins, on motion, the whole subject was laid on the table.

The Society then adjourned until the third Tuesday in May, 1869.

N. S. DAVIS, *Permanent Secretary*.

JOS. ROBBINS, *Assistant* “

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### Editorial.

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THE record of Proceedings of the Illinois State Medical Society occupy so much more space than we expected, that we are obliged to omit from the present number both the clinical report and some book notices. They will appear in our next issue.



CHICAGO MEDICAL COLLEGE.—We have received the Tenth Annual Announcement of this Institution, by which the public are informed of some important changes. The two important chairs of Chemistry have been filled by the appointment of Prof. Wheeler, a gentleman of the highest order of attainments in that department of science. He has promptly established a laboratory for instruction in practical chemistry, which will give to the medical students advantages equal to those heretofore enjoyed only at Ann Arbor and Cambridge.

The clinical advantages have also been made more extensive by the appointment of Professors Johnson, Byford, and Bevan in the active staff of attendants in the County Hospital. This, added to the previous clinical advantages of Mercy Hospital, renders the means for bedside instruction equal to any institution in this or other countries.

But the item to which we wish to call the attention of our readers most particularly, is the full provision for the improved system of Medical Collège Instruction recommended by the Convention of Delegates from Medical Colleges, held at Cincinnati, in May, 1867. Nearly all the State Medical Societies in the North-West, as well as the profession at large, have emphatically endorsed this plan, and called earnestly on the colleges for its adoption in practice. They have now an opportunity to show the sincerity of their recommendations, by properly directing the students under their charge or influence.

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MONEY RECEIPTS TO JUNE 29TH.—Drs. A. D. Andrews, \$5; James Culbertson, 3; Stacy Hemenway, 5; H. C. Newkirk, 1.50; Thos. W. Howes, 3; W. D. Sterling, 3; B. Wilson, 3; F. K. Bailey, 2; James W. Mill, 1; George A. Bardwell, 3; H. P. Oggell, 3; J. B. Newman, 3; V. H. Coffman, 5; G. P. Martin, 3; Wm. Dougall, 1.50.

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A HINT FOR WOMEN.—Mrs. Caroline H. Dall says: "I have looked in women's faces to see what marks their lives have left, and I tell you that it is a simple fact that women who habitually prevent impregnation grow cold, debased, unlovely in their expression; and that those who resort to abortion become sharp, irritable, and ungenial, everything in short that we mean by unmotherly."

## MORTALITY REPORT FOR THE MONTH OF MAY:—

## CAUSES OF DEATH.

Accident, drowned, --	4	Dropsy -----	3	Manslaughter, -----	1
" railroad, --	1	Dysentery, -----	2	Measles -----	5
" machinery, --	1	Eczema, congenital, --	1	Metritis, puerperal, --	1
" revolver, --	1	Enteritis, chronic -----	1	Meningitis -----	2
Angina -----	1	Erysipelas, -----	1	" cerebro-spinal, -----	4
Apoplexy -----	6	" phlegmonous -----	1	" tuberculosis, -----	1
Asphyxia -----	1	Exastisis of 2d cervical		Myelitis -----	1
Birth, premature -----	13	vertebra resulting in		Nephritis acuto, result-	
" still -----	28	hemiplegia, -----	1	ing in uræmic convul-	
" tedious -----	1	Fever, puerperal -----	1	sions, -----	1
Brain, compres. at birth	1	" scarlet -----	13	Old Age -----	2
" congestion of, --	4	" typhoid -----	5	" and dropsy, -----	1
" disease of, -----	1	" typhus -----	1	Paraphlegia, traumatic, --	1
" dropsy of, -----	1	Gastritis -----	1	Paralysis -----	1
" inflammation -----	7	" chronic -----	1	" general, -----	1
" injury by blow, -----	1	Heart, disease of, -----	1	Peritonitis -----	2
" softening of, --	1	" organic disease -----	1	Phthisis pulmonalis, -----	36
Bright's disease -----	2	Hemorrhage, internal, -----	1	" and chorea, -----	1
Bronchitis -----	5	Hydrothorax, -----	1	" laryngeal, -----	1
" capillary -----	1	" fol'ing phthi-		Phrenitis, -----	3
" chronic -----	2	sis pulmonalis, -----		Pneumonia, -----	18
Bowels, inflammation- -----	3	Hydrocephalus -----	9	" and pericar-	
" " & old age -----	1	" acute, -----	3	ditis with hypertrophy	
Cancer -----	1	Intestines, intussuscep-		of left and fatty degen-	
" of uterus, -----	1	tion and ulceration, --	1	eration of right ventricle	1
" of breast, -----	2	Invagination ileus, -----	1	Rheumatism, inflam'ory	1
" of neck & throat, -----	1	Infanticide, by mother, -----	1	" back & spine, -----	1
Convulsions -----	36	Inanition -----	13	Skull, fracture of, -----	1
" puerperal, -----	1	Indigestion and old age, -----	1	Small-pox -----	12
Compound comminuted		Inflammation caused by		" complicated	
fracture of right femur	1	constipation of bow'ls, -----	1	with pneumonia -----	1
Chlorosis -----	1	Insufficiency of aortic		Stomach, inflammation -----	2
Cholera infantum -----	1	semilunar valves, -----	1	Suicide -----	3
Croup -----	4	Insanity, -----	1	Scrofula -----	1
" membranous, -----	2	" resulting from		Tabes mesenterica, -----	7
Cyanosis -----	1	epilepsy, -----	1	Tetanus traumaticus, -----	1
Debility -----	5	Intemperance -----	1	Teething -----	10
Delirium tremens -----	1	Jaundice -----	1	" and convulsions, -----	1
Deficient nutrition, -----	1	Laryngitis, tubercular, -----	2	Unknown -----	1
Diphtheria -----	4	Liver, cirrhosis of -----	1	Uterus, rupture of -----	1
Diarrhoea -----	6	Lungs, congestion of -----	3		
" chronic, -----	1	" abscess of, -----	1	Total -----	321
Deaths in May, 1868, -----	321	Deaths in May, 1867, -----	241	Increase, -----	80
Deaths in April, 1868, -----					16

## AGES.

Under 5 -----	167	40 to 50 -----	23	90 to 100 -----	0
5 to 10 -----	22	50 to 60 -----	17	100 to 110 -----	0
10 to 20 -----	16	60 to 70 -----	7	Unknown -----	1
20 to 30 -----	29	70 to 80 -----	9		
30 to 40 -----	27	80 to 90 -----	3	Total -----	321
Males, -----	178	Females, -----	143	Total, -----	321
Single, -----	238	Married, -----	83	Total, -----	321
White, -----	310	Colored, -----	11	Total, -----	321

## NATIVITY.

Chicago -----	126	England -----	7	Scotland -----	1
Other parts U. S. ---	62	Germany -----	47	Sweden -----	11
Bohemia -----	8	Holland -----	3	Switzerland -----	2
Canada -----	3	Italy -----	1	Unknown -----	3
Denmark -----	0	Ireland -----	38		
France -----	2	Norway -----	7	Total -----	321

## DEATHS BY SMALL-POX.

For the Month of May, 1868.

6th Ward -----	1	13th Ward -----	4
7th Ward -----	1	15th Ward -----	2
11th Ward -----	1	Lake Hospital -----	1
12th Ward -----	3		
		Total, -----	13

## MORTALITY BY WARDS FOR THE MONTH.

Ward.	Mortality.	Pop. in 1866.	One death in	Ward.	Mortality.	Pop. in 1866.	One death in
1---	3	9,648	3,216	14---	19	12,108	637 1-4
2---	15	12,985	865 2-3	15---	32	15,766	491 1-8
3---	16	15,738	983 5-8	16---	11	14,912	1,355 7-11
4---	19	10,884	572 4-5	County hosp.	14		
5---	23	9,610	409 1-8	Unknown,	1		
6---	19	10,680	556 8-10	Alexian Bros.	1		
7---	21	18,755	893 1-10	Home of the			
8---	16	10,429	651 6-8	Friendless,	2		
9---	21	13,940	663 1-5	Soldier's hom.	1		
10---	11	11,416	1,037 9-11	Mercy hos.,	4		
11---	13	12,924	994 2-13	St. Luke's hos.	2		
12---	28	12,695	453 3-7	Orphan asyl.	8		
13---	20	8,188	409 2-5	Lake Hosp.,	1		
Total, -----				321			

**THE LATE DR. R. T. RICHARDS.**—At the annual meeting of the De Witt County Medical Society, held on the 11th day of May, 1868, Dr. C. Goodbrake, from the committee appointed to draft resolutions expressive of the sense of this Society on the death of our late colleague, Dr. Richards, reported the following preamble and resolutions, which were unanimously adopted:

*Whereas*, It has pleased God, in His wise Providence, to remove from our midst and from a field of great professional usefulness, our highly esteemed friend and co-laborer in the science and practice of medicine, Dr. Rolla T. Richards, who died at Santa Anna, on the 12th day of March, 1868; be it therefore

*Resolved*, That we deeply feel the loss of our deceased friend and brother, who, by his upright, moral conduct, and gentlemanly deportment, had endeared himself to all with whom he became associated.

*Resolved*, That, in his death, the profession is deprived of one of its most zealous and devoted members, and the community of

a good physician, and one of her best and most patriotic citizens.

*Resolved*, That we feel a sincere sympathy for his widow in her great affliction, and can only refer her, with unfeigned confidence, to Him who has promised to be the widow's God.

*Resolved*, That the foregoing preamble and resolutions be spread upon the records of the Society; an attested copy sent to the widow of the deceased, and one to each of the medical journals published in Chicago, for publication.

C. GOODBRAKE,  
J. WRIGHT,  
Z. H. MADDEN. } *Committee.*

J. A. EDMISTON, M.D., *Pres't.*

C. GOODBRAKE, M.D., *Sec'y.*

1504 WALNUT STREET, PHILADELPHIA, May 26, 1868.

*Dear Sir*:—I am instructed by the Committee of Publication of the American Medical Association to call your attention to the following amendment to the "Plan of Organization," adopted at the late meeting held in Washington City, and to request you to forward the amount named to the Treasurer, 1303 Arch Street, on or before the 1st day of July, proximo, in order that the requisite number of copies of the forthcoming edition may be printed without delay.

Very respectfully yours,

FRANCIS G. SMITH, JR., *Chairman.*

"The sum of \$5 shall be assessed annually upon each delegate to the sessions of the Association, as well as upon each of its Permanent Members, whether attending or not, for the purpose of raising a fund to defray the necessary expenses of the Association, and for printing the Transactions. The payment of this sum shall be required of the delegates and members in attendance upon the sessions of the Association previously to their taking seats and participating in the business of the session. Permanent Members not attending shall forward their yearly dues to the Treasurer, and thereby shall be entitled to receive a copy of the Transactions, the same as delegates."

#### O'REILLY PRIZE.

Dr. JOHN O'REILLY, of New York, having offered, through the N.Y. Academy of Medicine, a Prize of Six Hundred Dollars for an Essay on the Physiology and Pathology of the Sympathetic or Ganglionic Nervous System, the Committee of Award, appointed by the Council of the Academy, have adopted, with the concurrence of the Council, the following regulations:

I. The competing essays shall be sent in to the Chairman of the Committee, Prof. J. C. Dalton, M.D., No. 101 East Twenty-Third Street, New York, on or before the First day of March, 1869.

II. Each Essay shall be marked with some distinguishing device or motto, and accompanied by a sealed envelope bearing the same device or motto, and containing the name and address of the writer.

III. The Essay selected by the Committee shall be transmitted by them, together with its accompanying envelope, to the Council of the N.Y. Academy of Medicine, under whose direction the envelope shall be opened and the name of the writer announced at the first meeting of the Academy in May, 1869.

IV. This Prize is open for universal competition.

V. The Committee have a right to reject whatever does not come up to a proper standard of merit.

ALFRED C. POST, M.D., *Pres't of the Acad'y*,  
On behalf of the Council.

*Committee of Awards.*—J. C. Dalton, M.D., Professor of Physiology in the College of Physicians and Surgeons, New York; A. Flint, Jr., M.D., Professor of Physiology in Bellevue Hospital Medical College, New York; Alfred L. Loomis, Professor of the Institutes and Practice of Medicine in University Medical College, New York.

*New York, December, 1867.*

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The following gentlemen have become Associate Editors of this work:

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